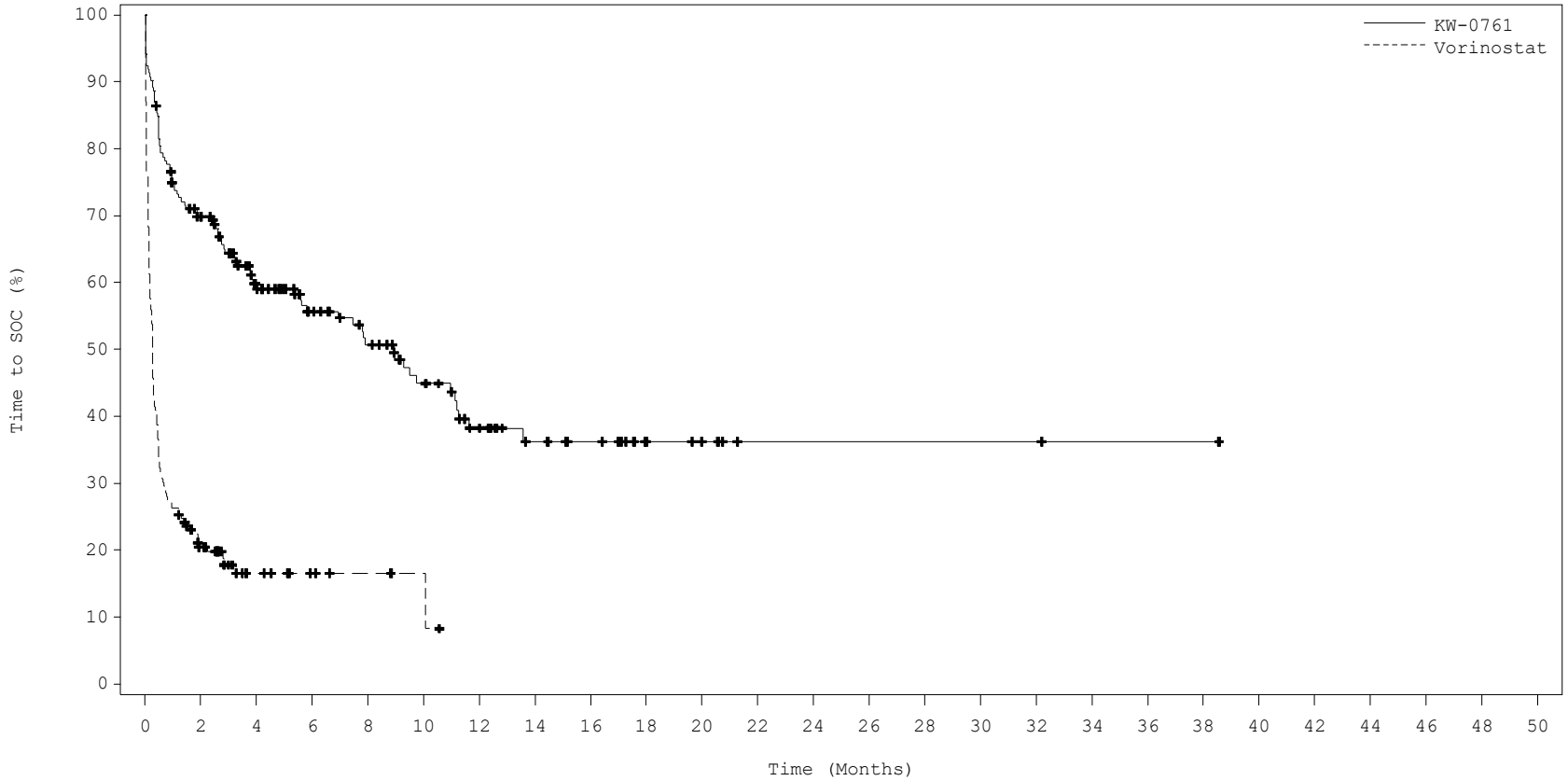
Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to SOC Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

SOC = GASTROINTESTINAL DISORDERS



No. at Risk:

KW:	184	122	83	61	50	38	26	17	14	8	6	2	2	2	2	2	2	1	1	1	0	0	0	0	0	0
VOR:	186	30	10	5	3	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

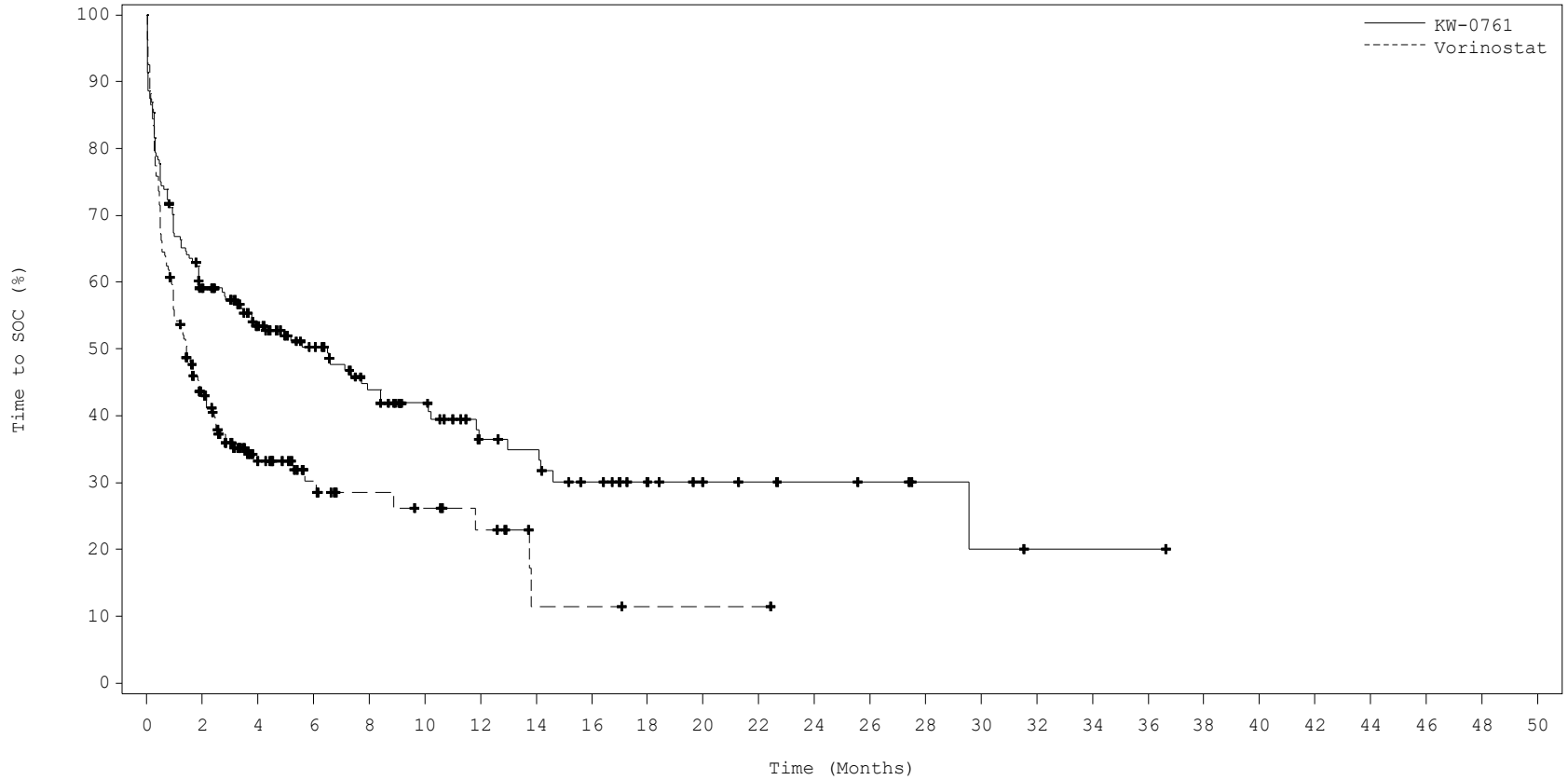
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to SOC Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

SOC = GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS



No. at Risk:

KW:	184	105	79	60	45	35	24	22	16	12	9	7	6	5	3	2	1	1	1	0	0	0	0	0	0	0
VOR:	186	71	33	18	12	10	7	2	2	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

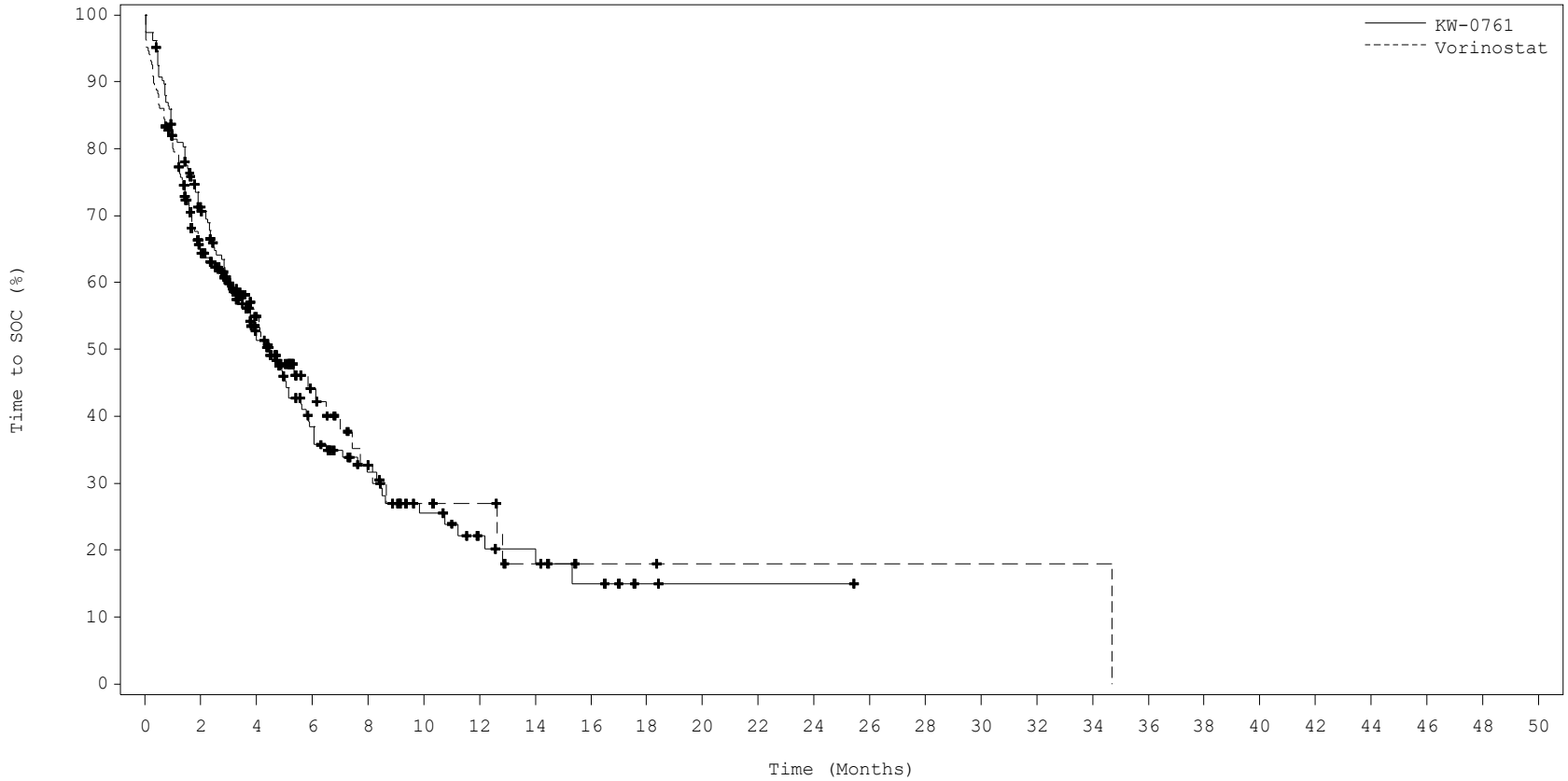
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to SOC Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

SOC = INFECTIONS AND INFESTATIONS



No. at Risk:

KW:	184	123	73	44	28	17	11	9	5	2	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
VOR:	186	101	49	22	13	8	7	3	2	2	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

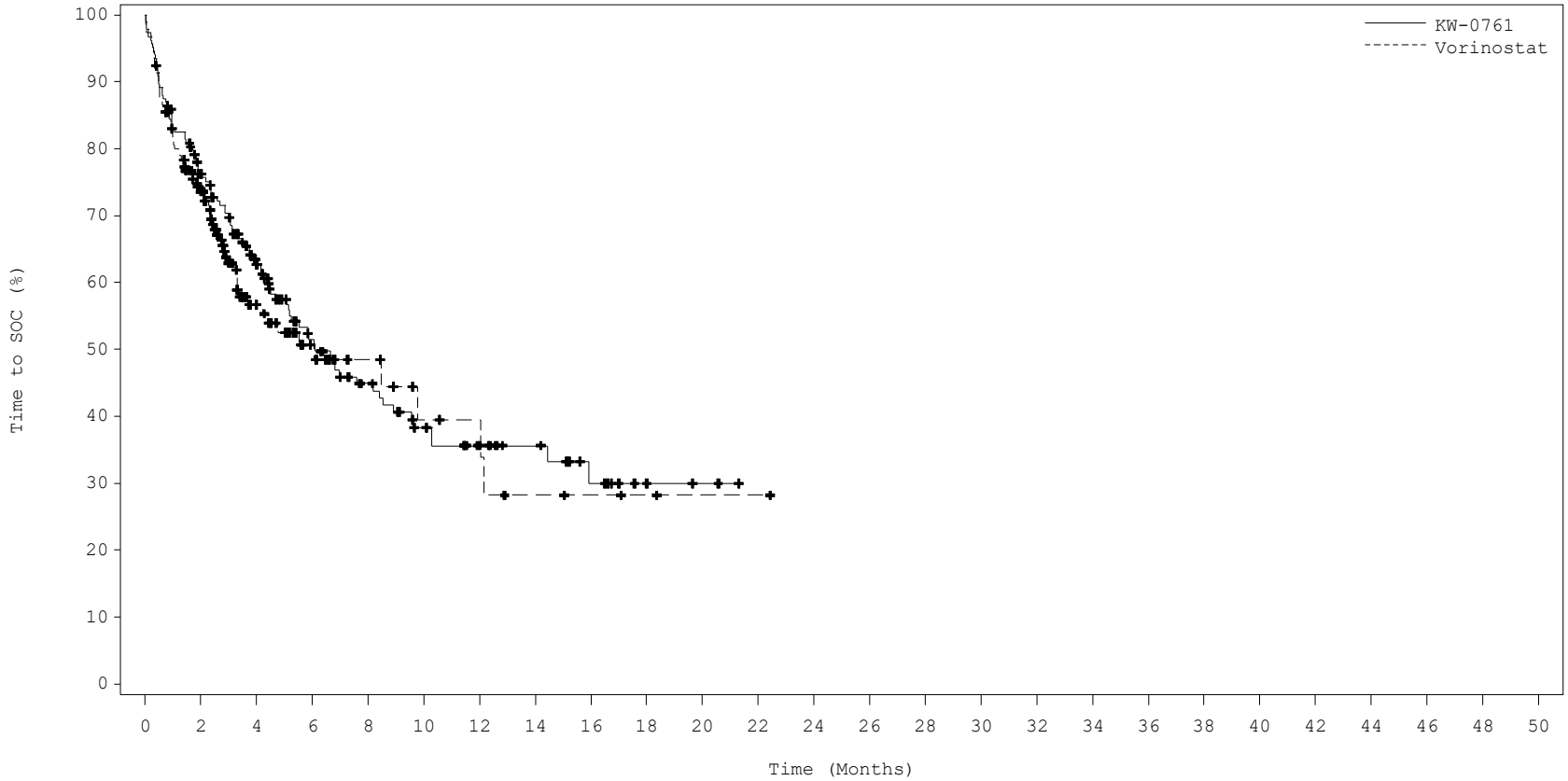
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to SOC Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

SOC = SKIN AND SUBCUTANEOUS TISSUE DISORDERS



No. at Risk:

KW:	184	132	91	57	43	31	22	16	9	4	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VOR:	186	111	45	23	13	8	7	4	3	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

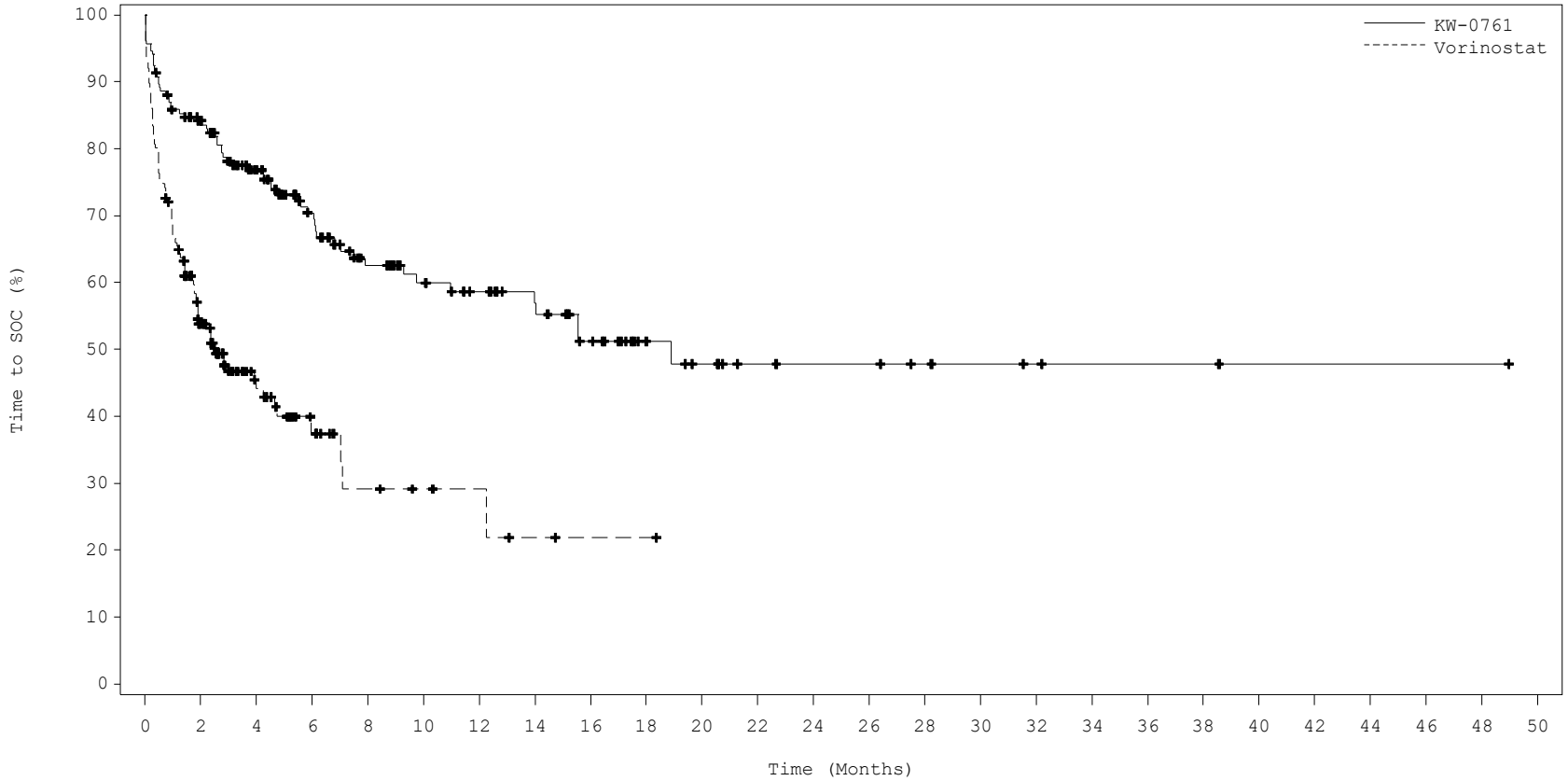
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to SOC Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

SOC = NERVOUS SYSTEM DISORDERS



No. at Risk:

KW:	184	147	110	76	56	47	40	33	25	16	12	8	7	7	5	4	3	2	2	2	1	1	1	1	1	0
VOR:	186	79	35	15	7	5	4	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

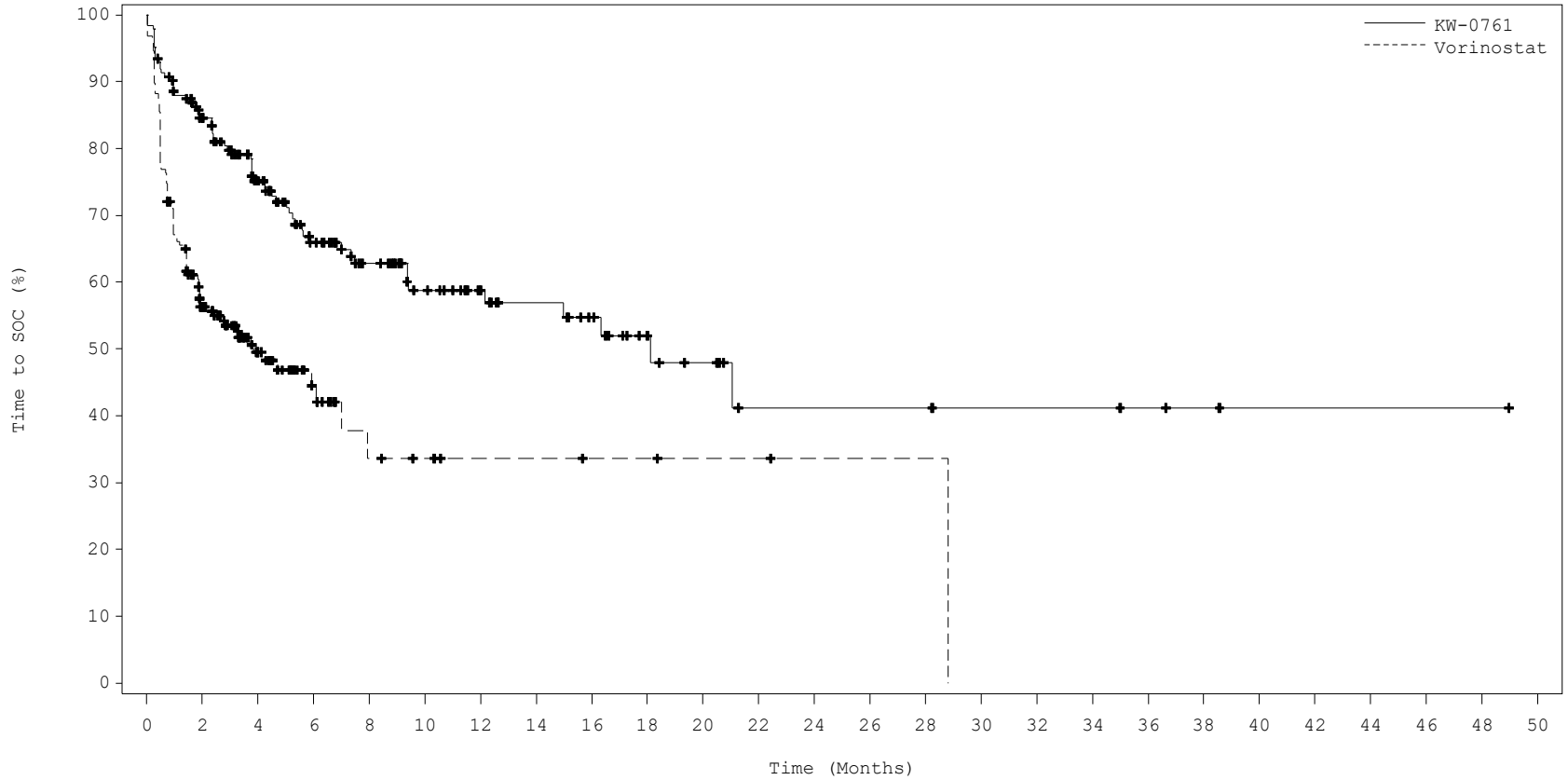
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to SOC Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

SOC = INVESTIGATIONS



No. at Risk:

KW:	184	146	104	71	56	42	33	26	21	14	10	5	5	5	5	4	4	4	3	2	1	1	1	1	1	0
VOR:	186	91	43	18	8	6	4	4	3	3	2	2	1	1	1	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

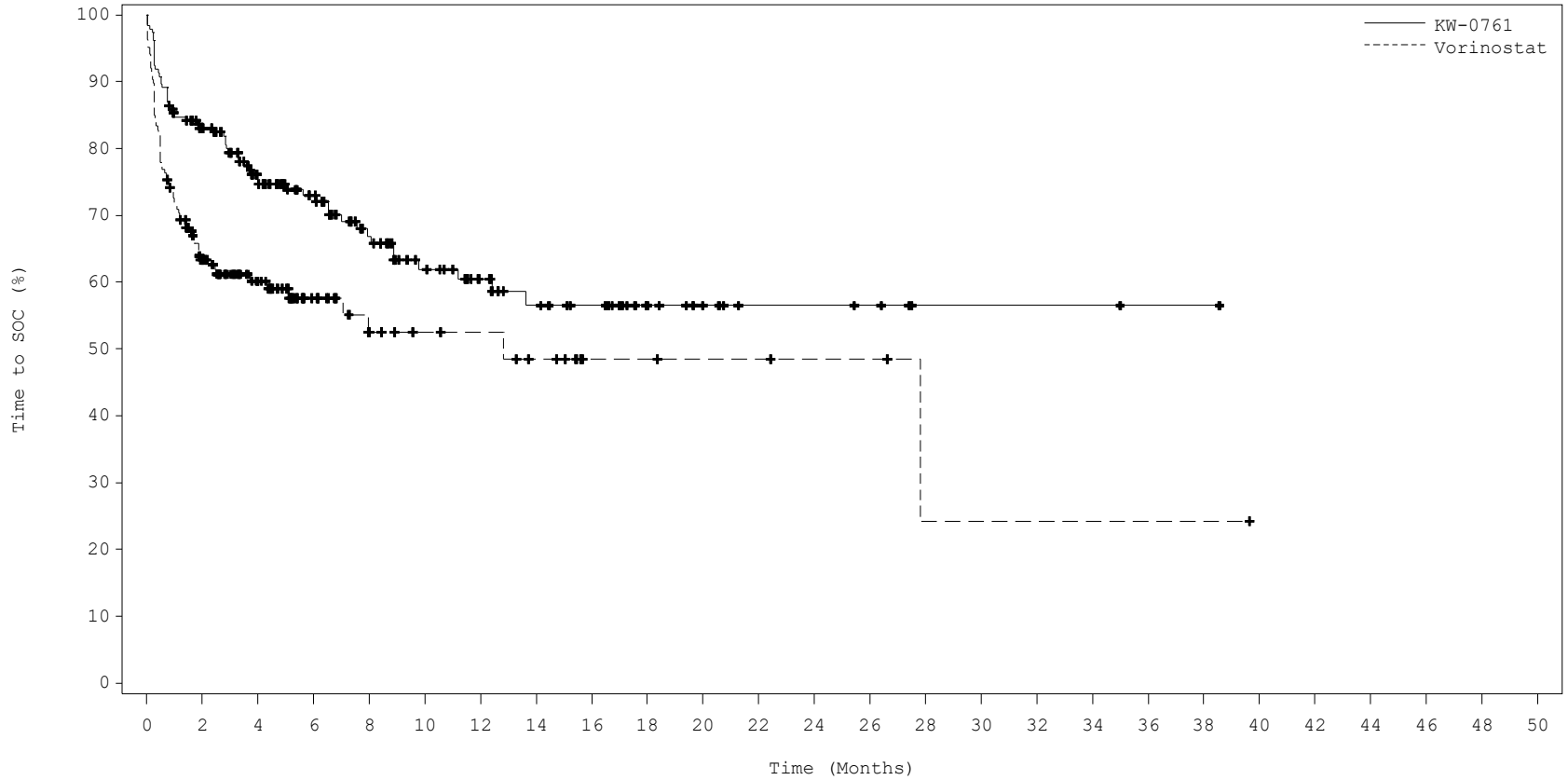
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to SOC Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

SOC = METABOLISM AND NUTRITION DISORDERS



No. at Risk:

KW:	184	143	107	81	60	45	35	27	23	15	10	6	6	5	2	2	2	2	1	1	0	0	0	0	0	0
VOR:	186	98	56	30	19	14	13	10	5	5	4	4	3	3	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

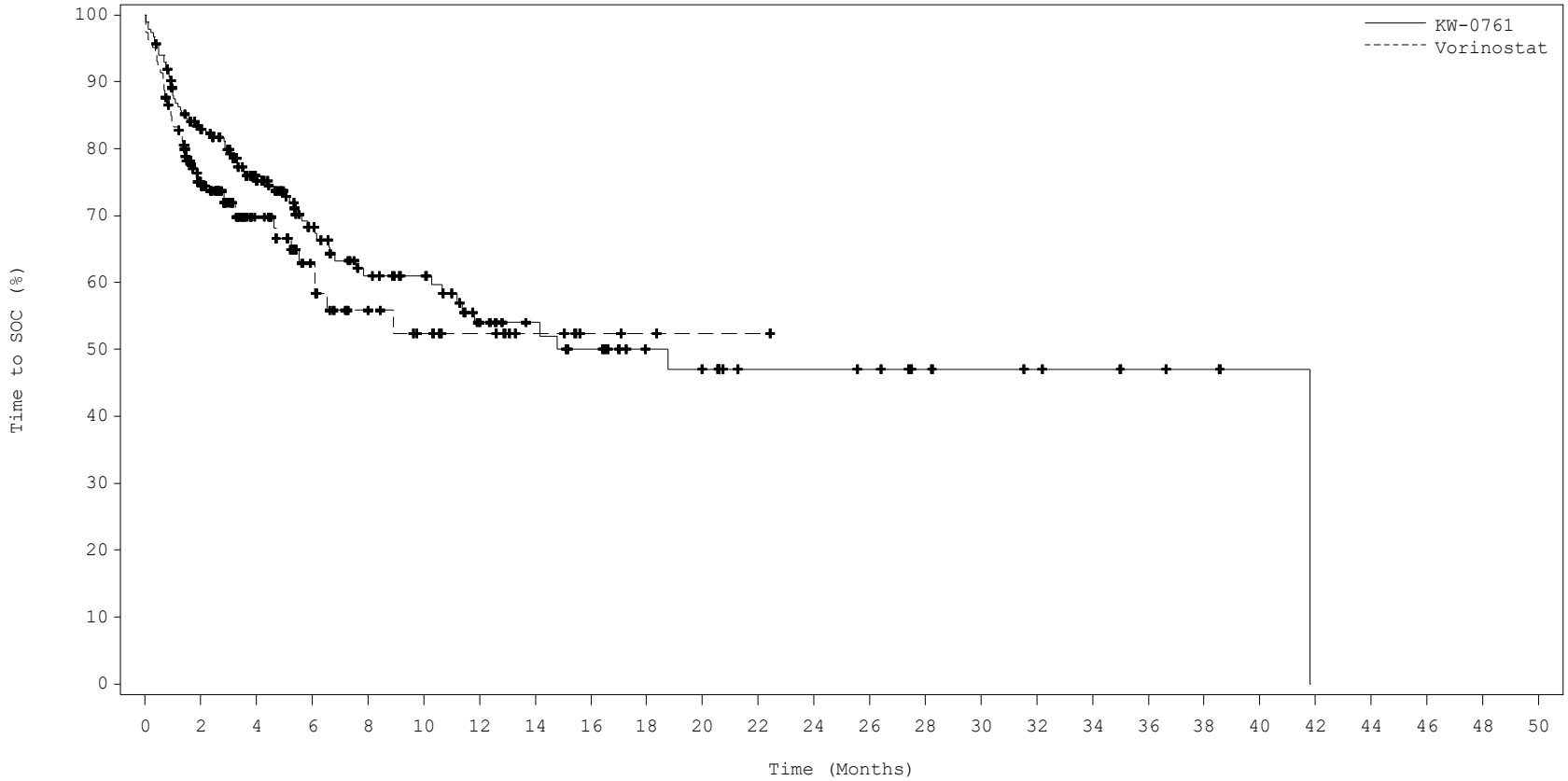
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to SOC Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

SOC = MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS



No. at Risk:

KW:	184	143	105	71	54	48	34	27	23	17	16	11	11	10	7	6	5	4	3	2	1	0	0	0	0	0
VOR:	186	110	49	28	18	13	10	6	3	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

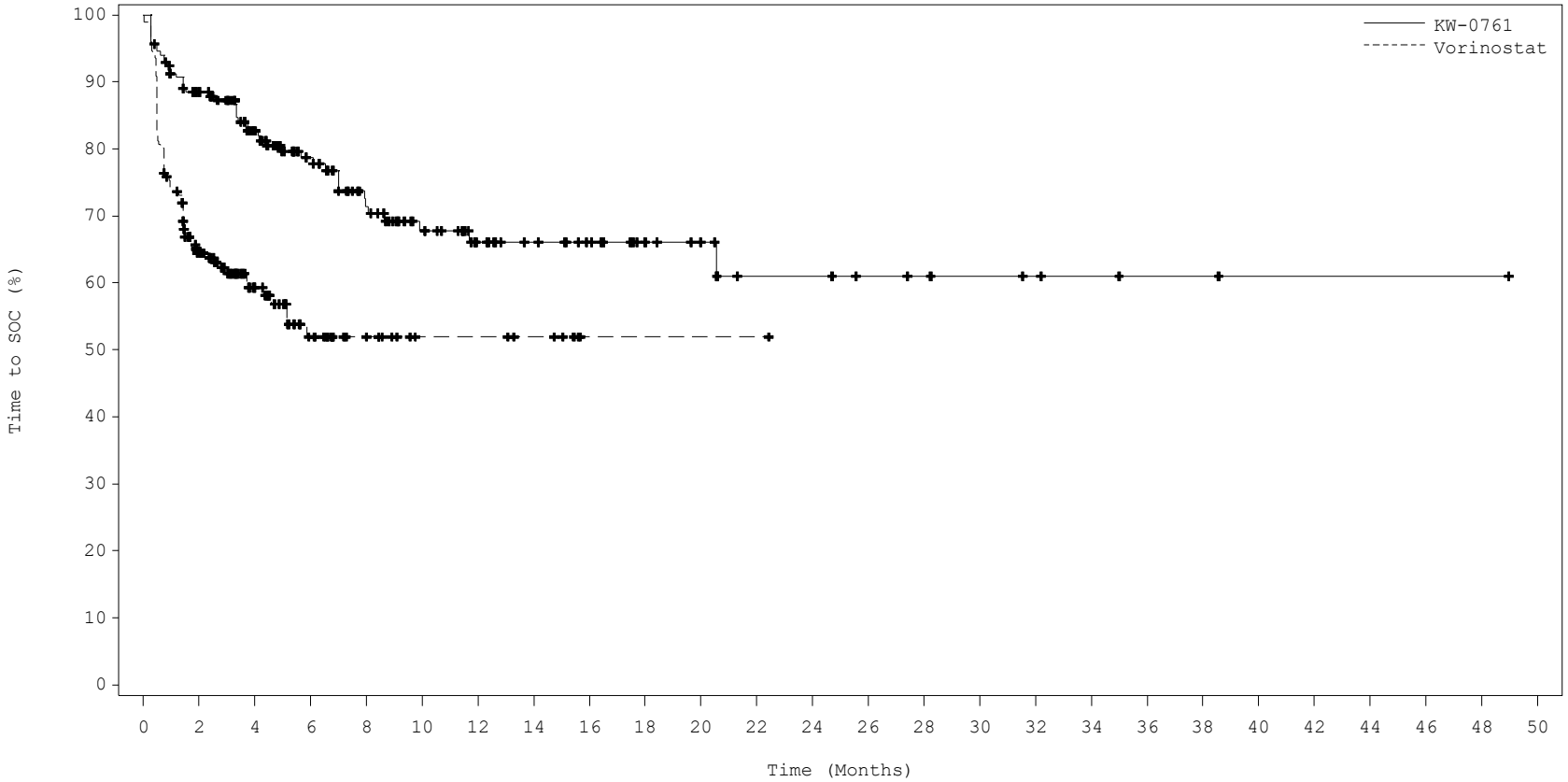
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to SOC Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

SOC = BLOOD AND LYMPHATIC SYSTEM DISORDERS



No. at Risk:

KW:	184	154	116	83	64	49	35	29	24	18	15	9	9	7	6	5	4	3	2	2	1	1	1	1	1	0
VOR:	186	99	53	27	16	8	8	6	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

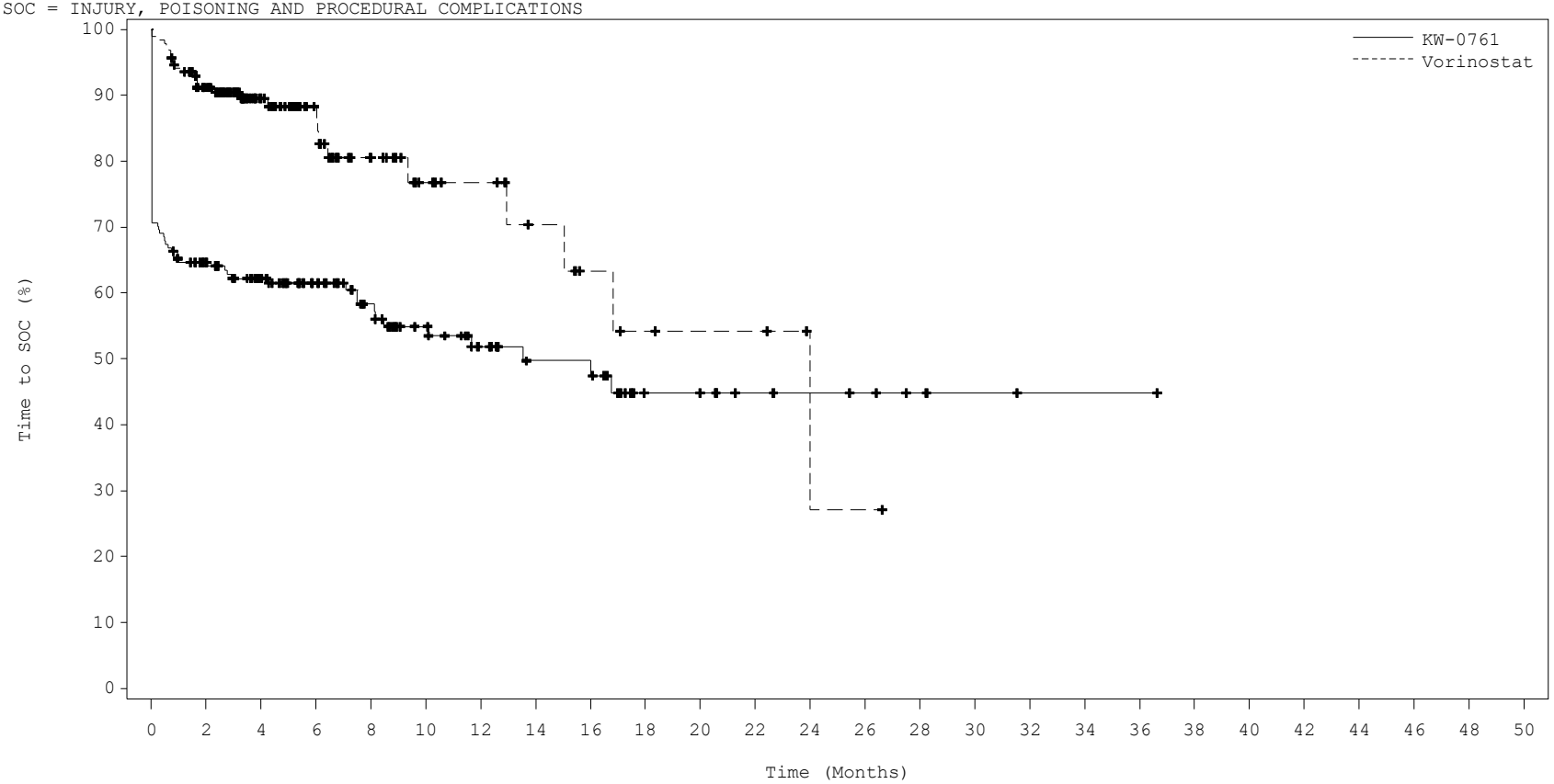
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to SOC Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

SOC = INJURY, POISONING AND PROCEDURAL COMPLICATIONS



No. at Risk:

KW:	184	111	89	67	52	40	30	22	22	11	11	7	6	5	3	2	1	1	1	0	0	0	0	0	0	0
VOR:	186	140	75	47	28	17	14	10	7	5	4	4	2	1	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

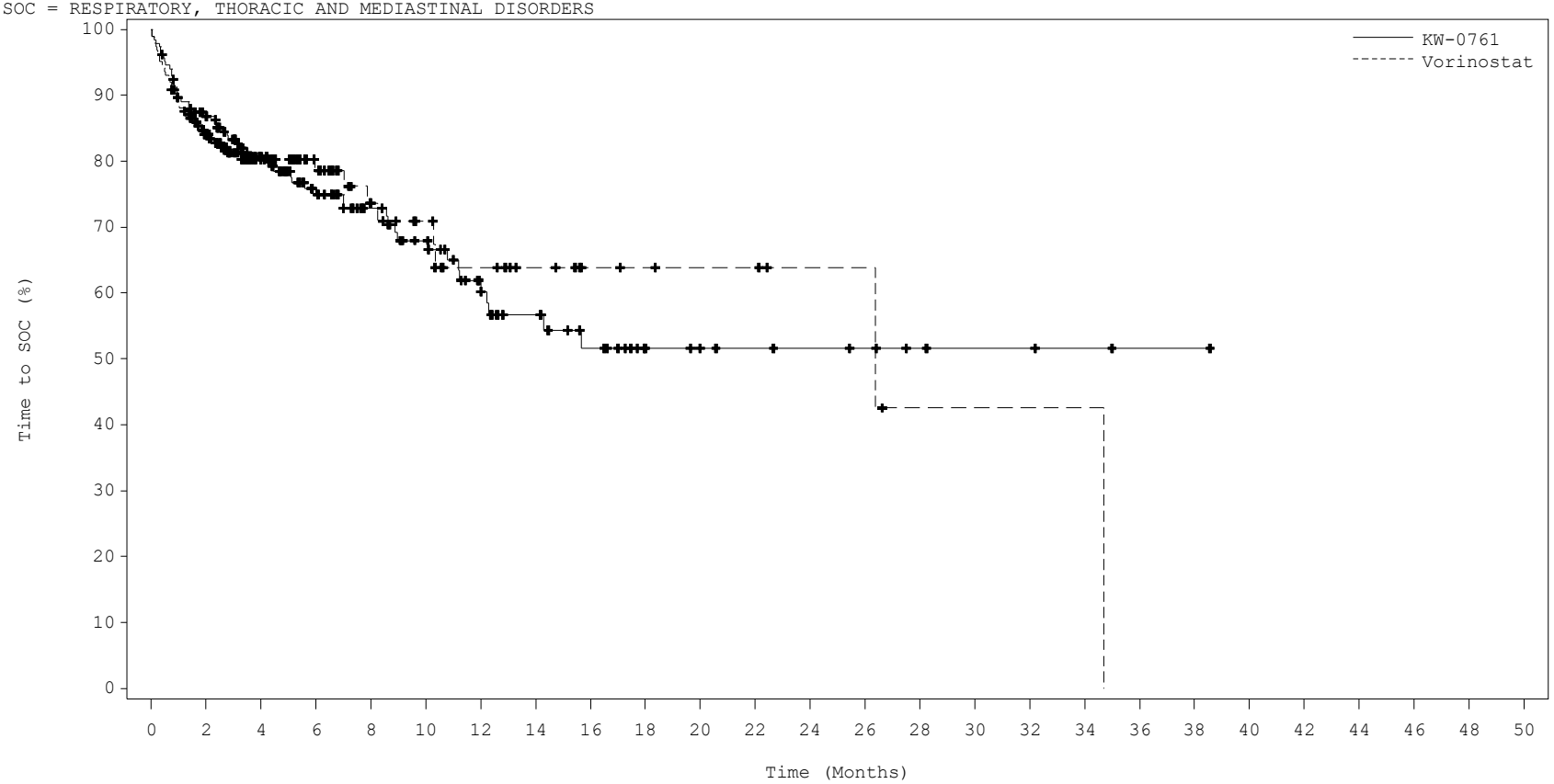
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to SOC Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

SOC = RESPIRATORY, THORACIC AND MEDIASTINAL DISORDERS



No. at Risk:

KW:	184	153	113	80	62	50	36	26	19	12	10	8	7	6	4	3	3	2	1	1	0	0	0	0	0	0
VOR:	186	133	67	45	28	21	15	11	7	6	5	5	3	3	1	1	1	1	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

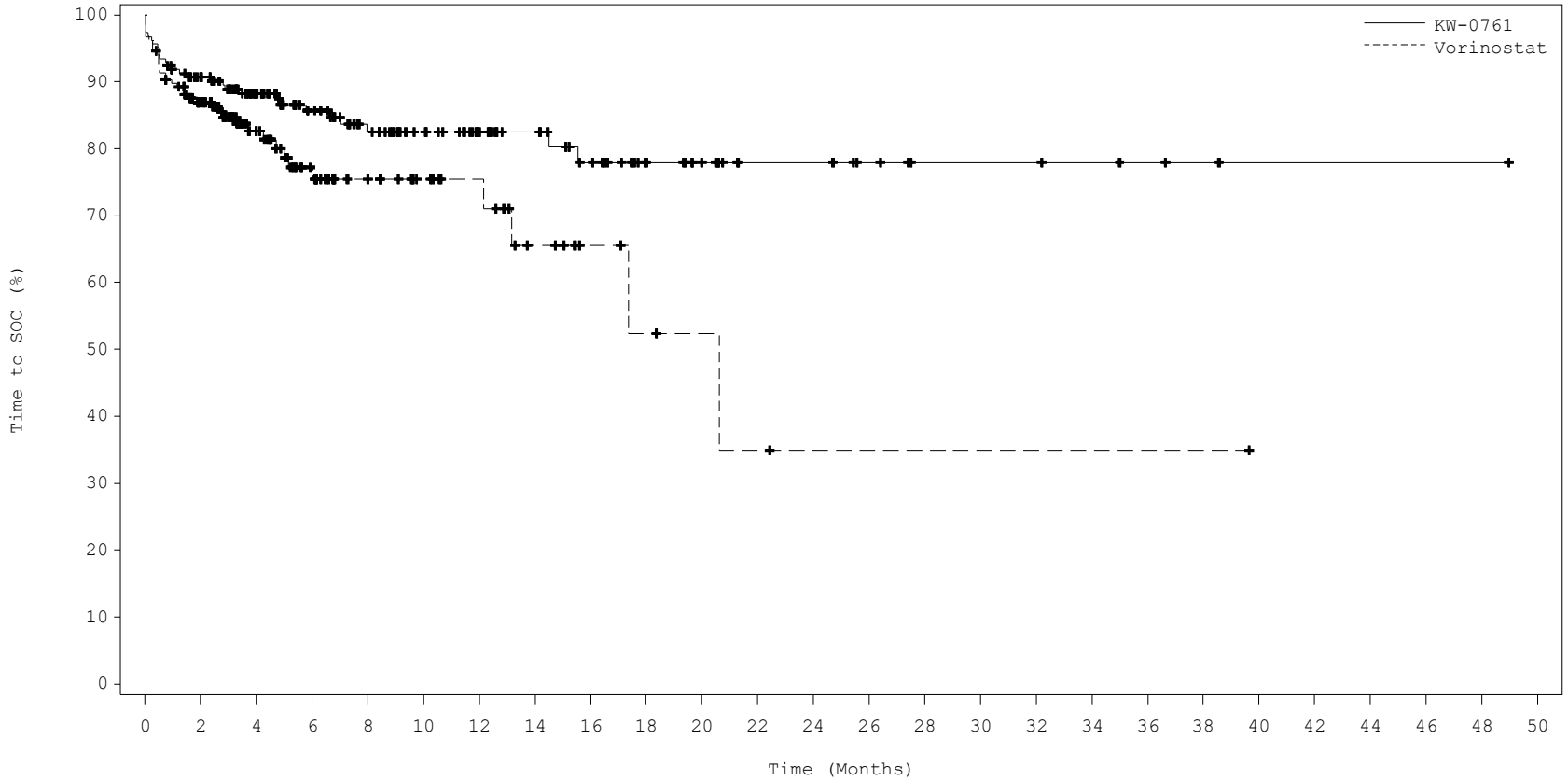
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to SOC Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

SOC = VASCULAR DISORDERS



No. at Risk:

KW:	184	157	121	91	74	61	48	40	32	23	18	11	11	8	5	5	5	4	3	2	1	1	1	1	1	0
VOR:	186	136	71	43	29	21	17	10	6	4	3	2	1	1	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

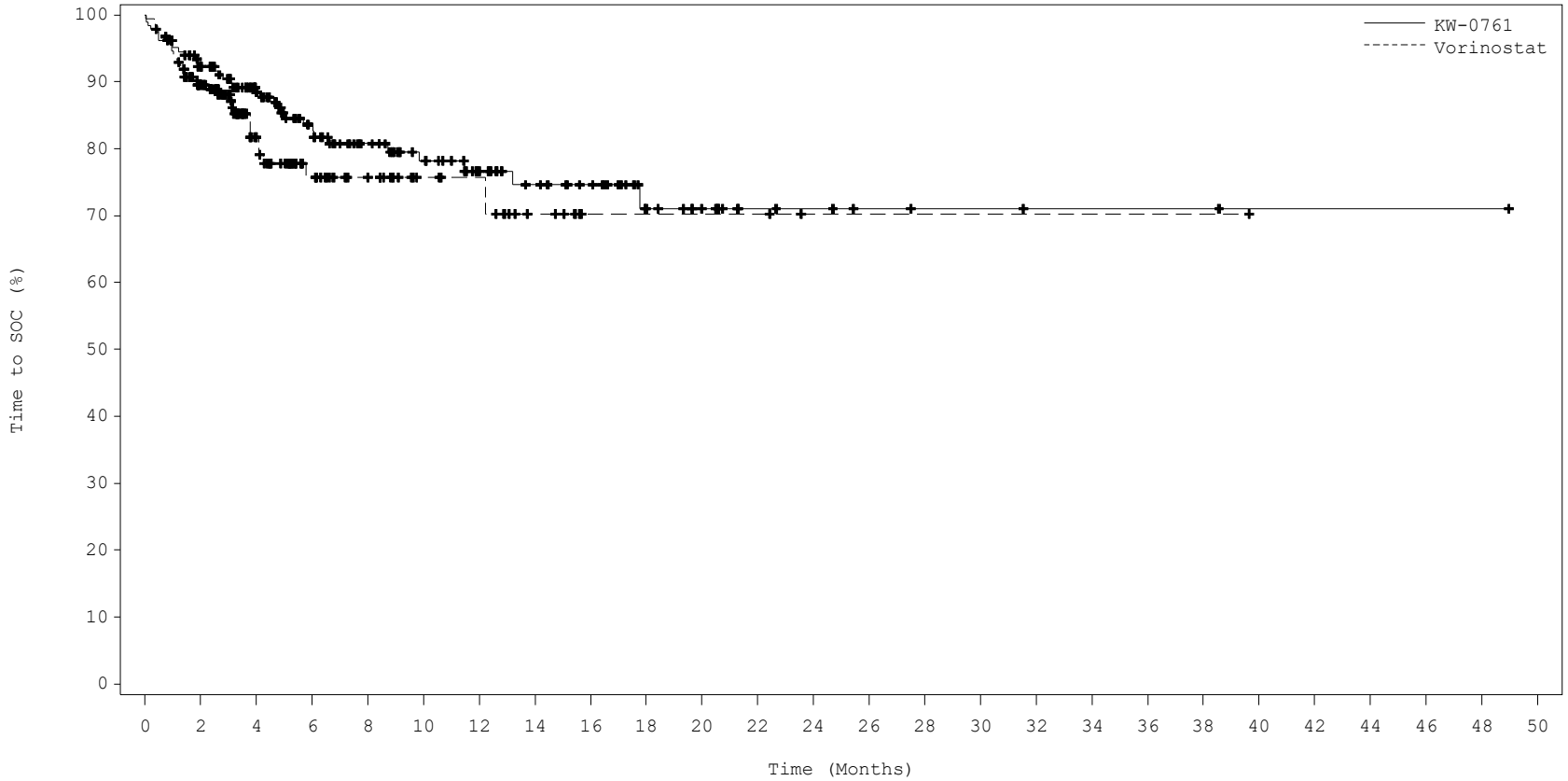
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to SOC Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

SOC = EYE DISORDERS



No. at Risk:

KW:	184	160	125	89	71	58	46	35	30	19	14	7	6	4	3	3	2	2	2	2	1	1	1	1	1	0
VOR:	186	138	65	36	26	16	14	8	3	3	3	3	1	1	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

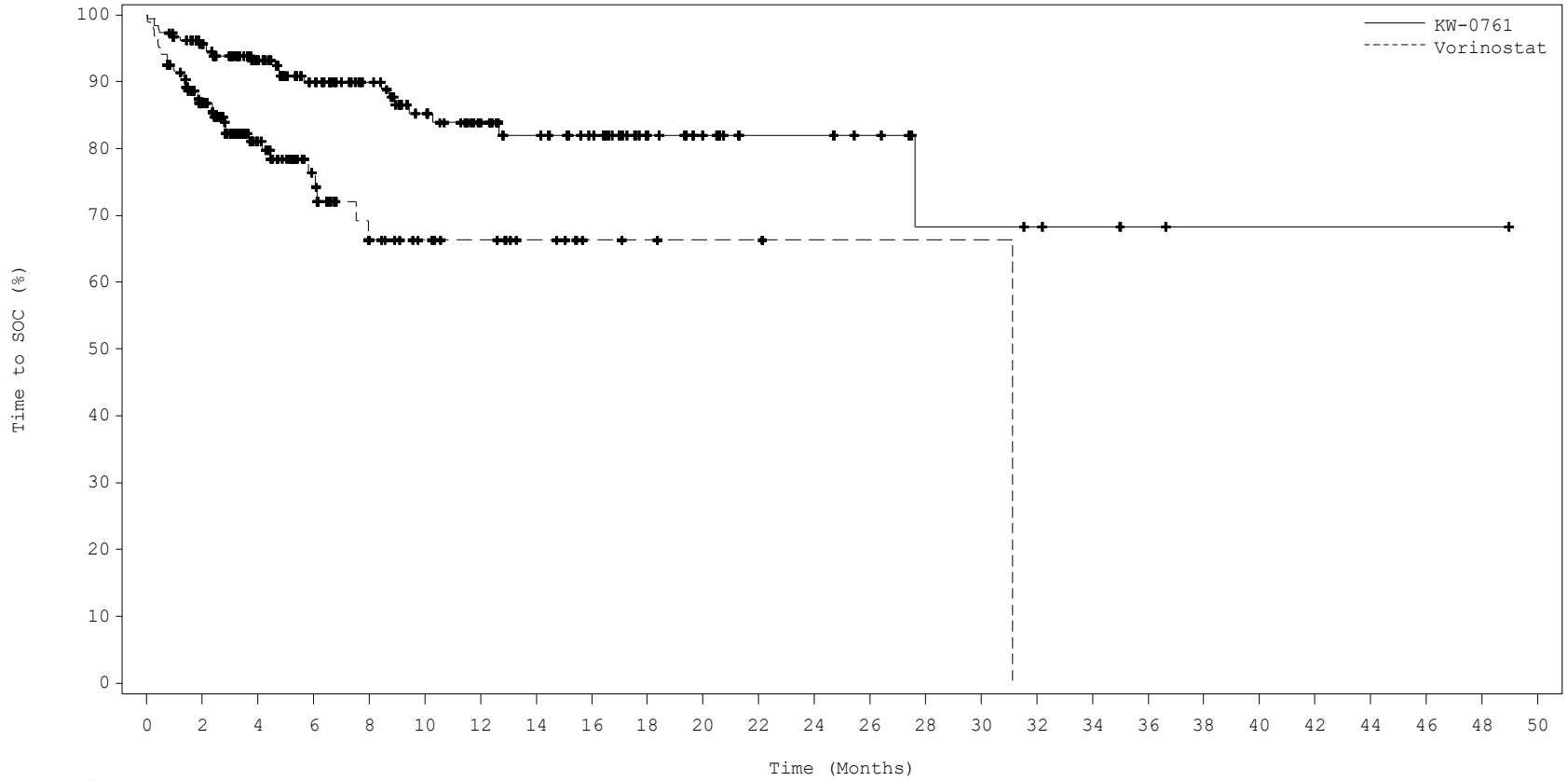
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to SOC Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

SOC = RENAL AND URINARY DISORDERS



No. at Risk:

KW:	184	166	132	99	81	66	53	41	35	24	18	11	11	9	5	5	4	3	2	1	1	1	1	1	0
VOR:	186	133	64	36	22	15	12	8	4	3	2	2	1	1	1	1	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

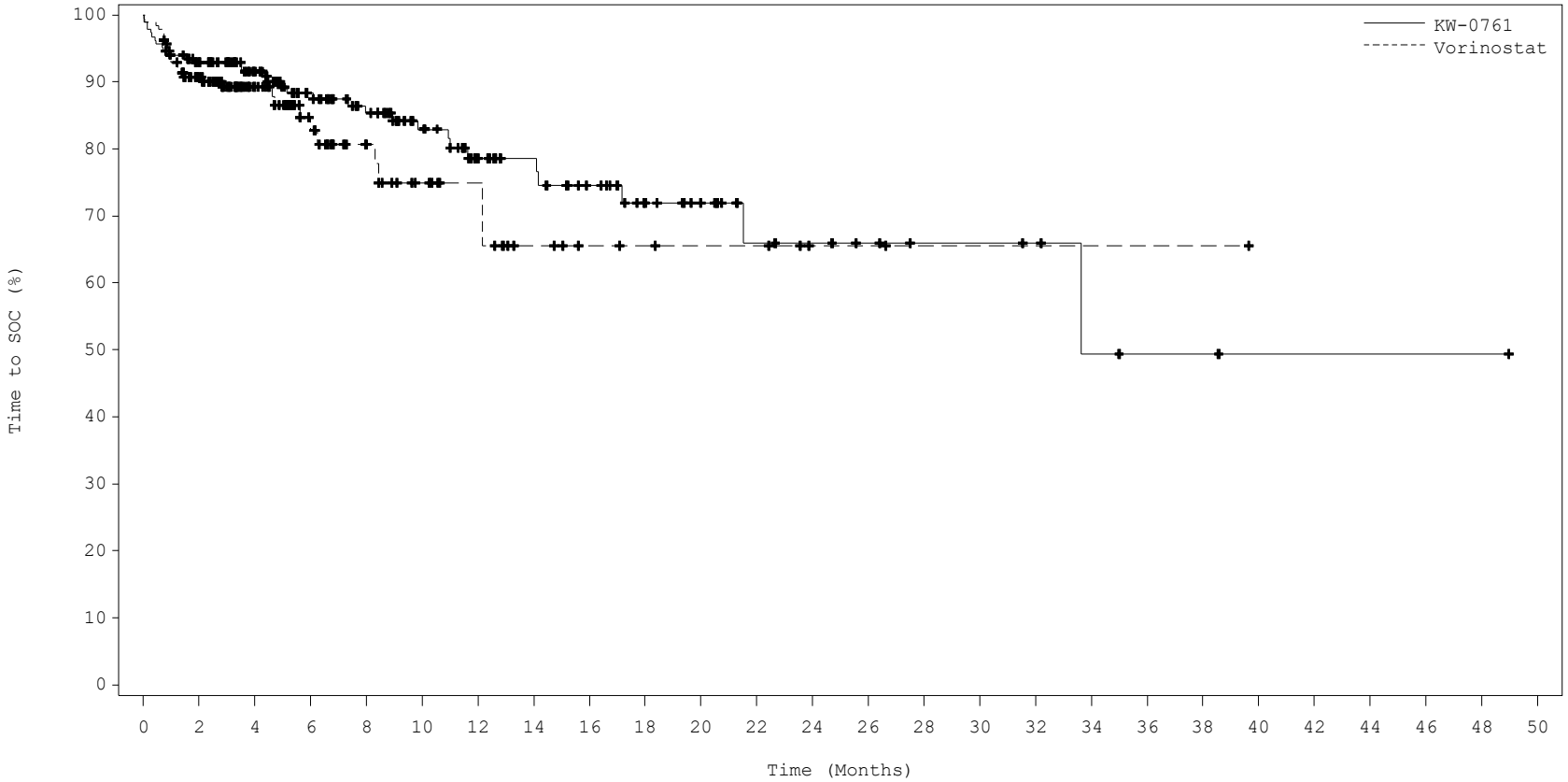
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to SOC Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

SOC = PSYCHIATRIC DISORDERS



No. at Risk:

KW:	184	161	128	96	81	64	47	39	32	24	19	11	10	8	6	6	5	3	2	2	1	1	1	1	1	0
VOR:	186	140	73	44	29	20	16	10	7	6	5	5	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

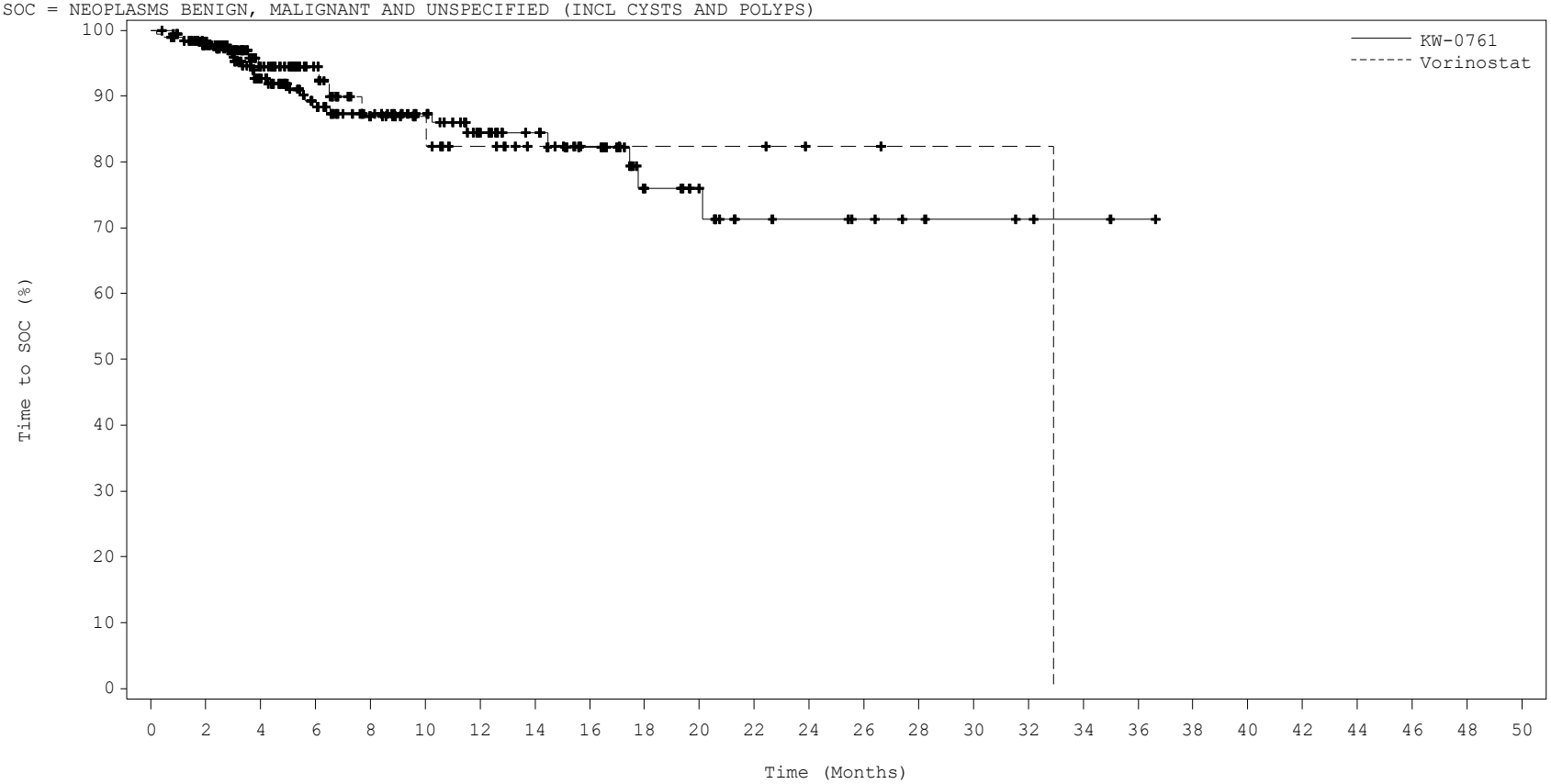
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to SOC Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

SOC = NEOPLASMS BENIGN, MALIGNANT AND UNSPECIFIED (INCL CYSTS AND POLYPS)



No. at Risk:

KW:	184	170	129	94	78	67	51	41	34	22	17	10	9	7	5	4	3	2	1	0	0	0	0	0	0	0
VOR:	186	150	73	45	28	19	14	10	5	4	4	4	2	2	1	1	1	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

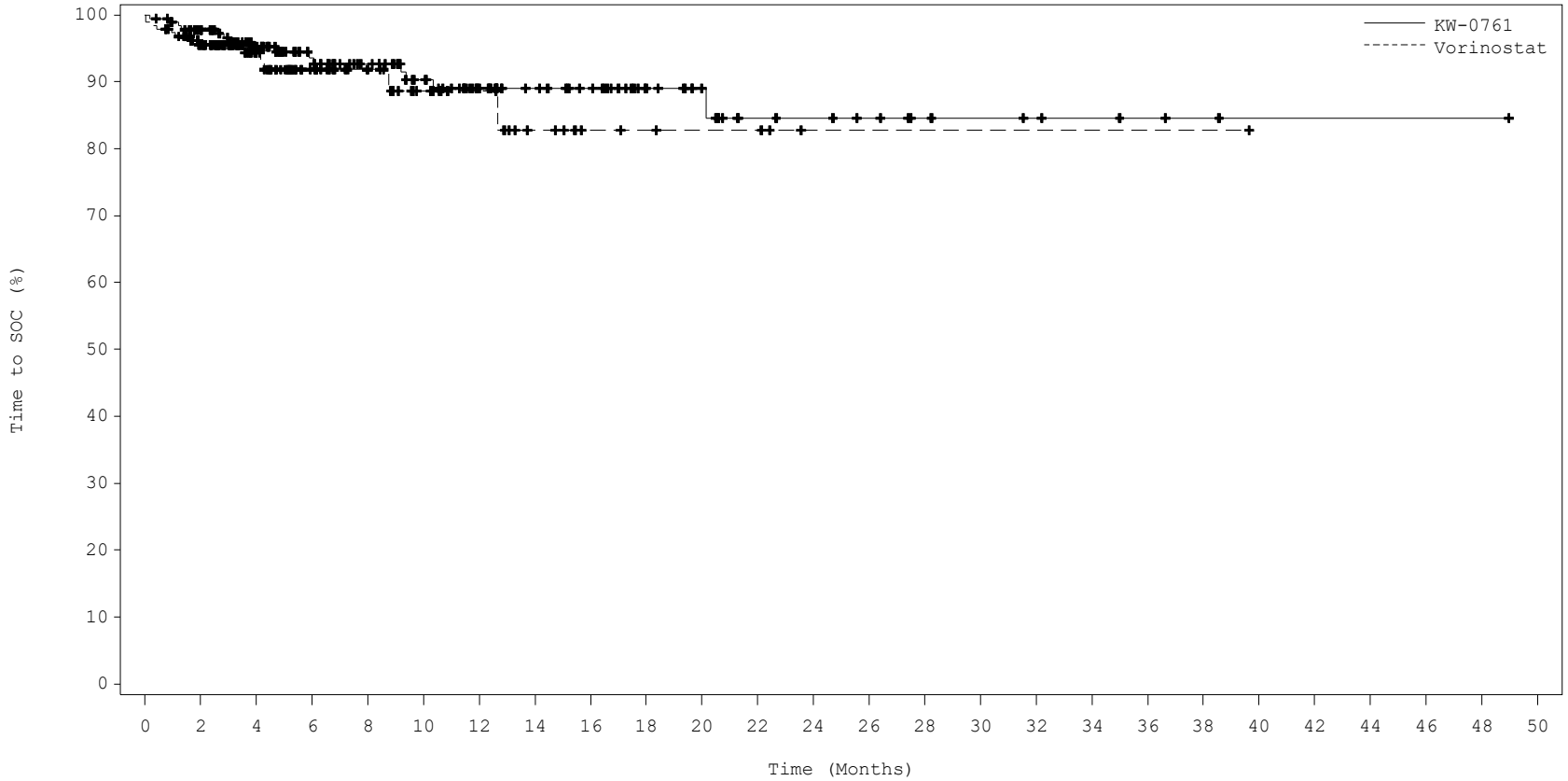
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to SOC Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

SOC = CARDIAC DISORDERS



No. at Risk:

KW:	184	169	133	103	88	73	56	44	38	27	21	13	12	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	148	76	46	32	21	16	10	6	5	4	4	1	1	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

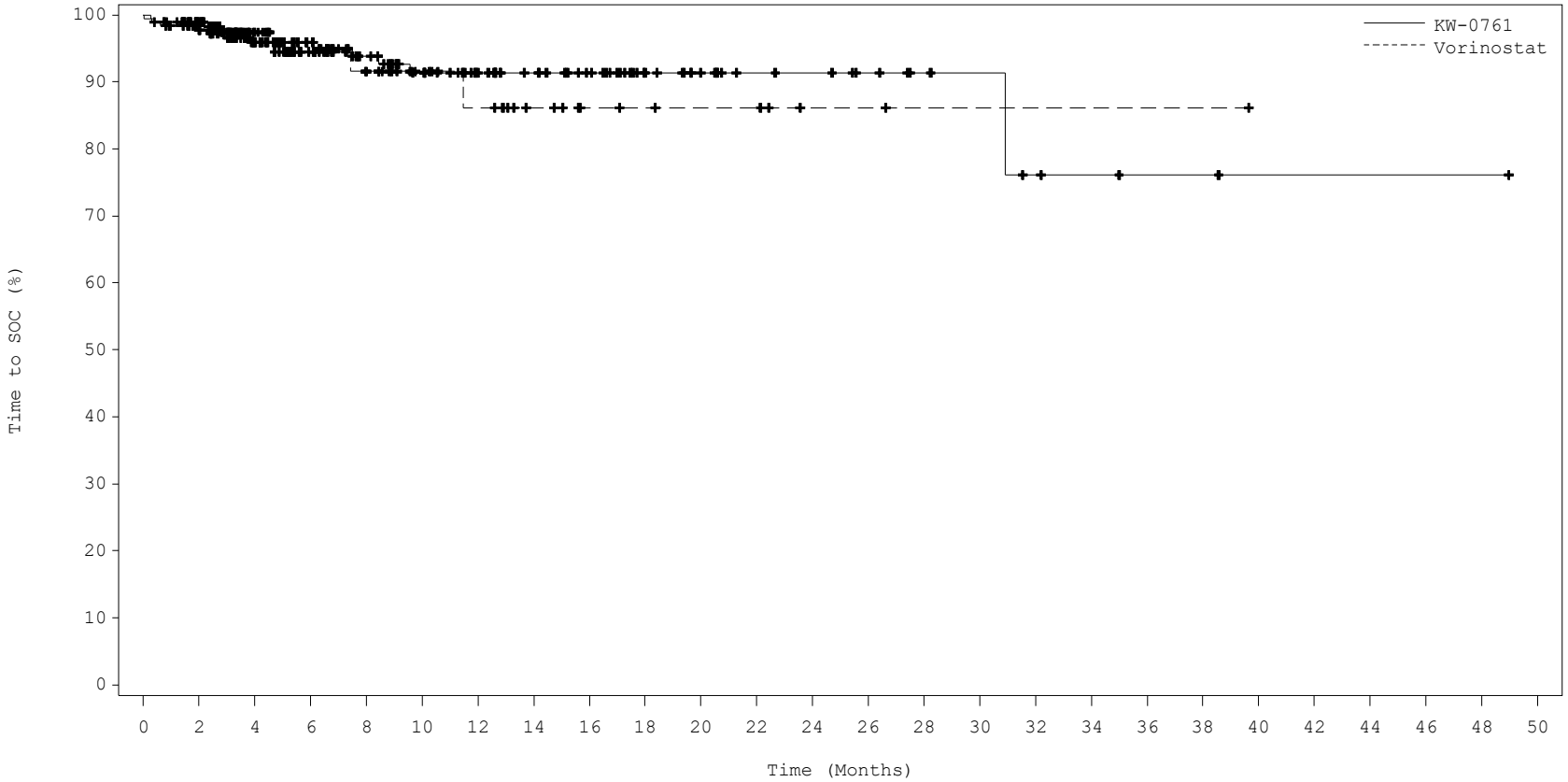
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to SOC Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

SOC = EAR AND LABYRINTH DISORDERS



No. at Risk:

KW:	184	169	134	102	82	68	55	45	37	26	20	14	13	10	7	6	4	3	2	2	1	1	1	1	1	0
VOR:	186	152	76	45	30	20	16	11	7	6	5	5	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

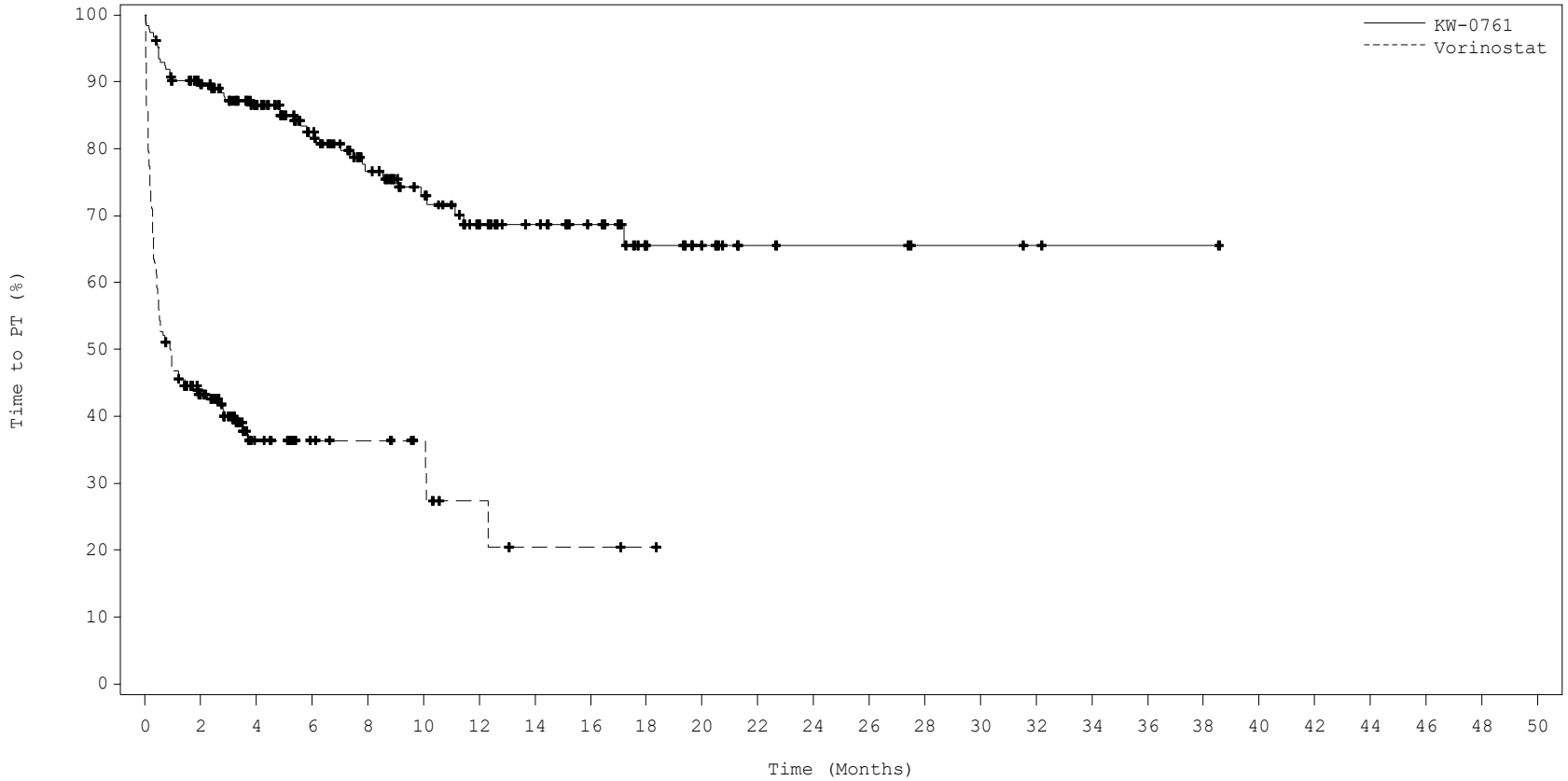
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = DIARRHOEA



No. at Risk:

KW:	184	157	124	94	72	57	42	32	26	17	12	6	5	5	3	3	2	1	1	1	0	0	0	0	0	0
VOR:	186	65	22	13	11	8	4	2	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

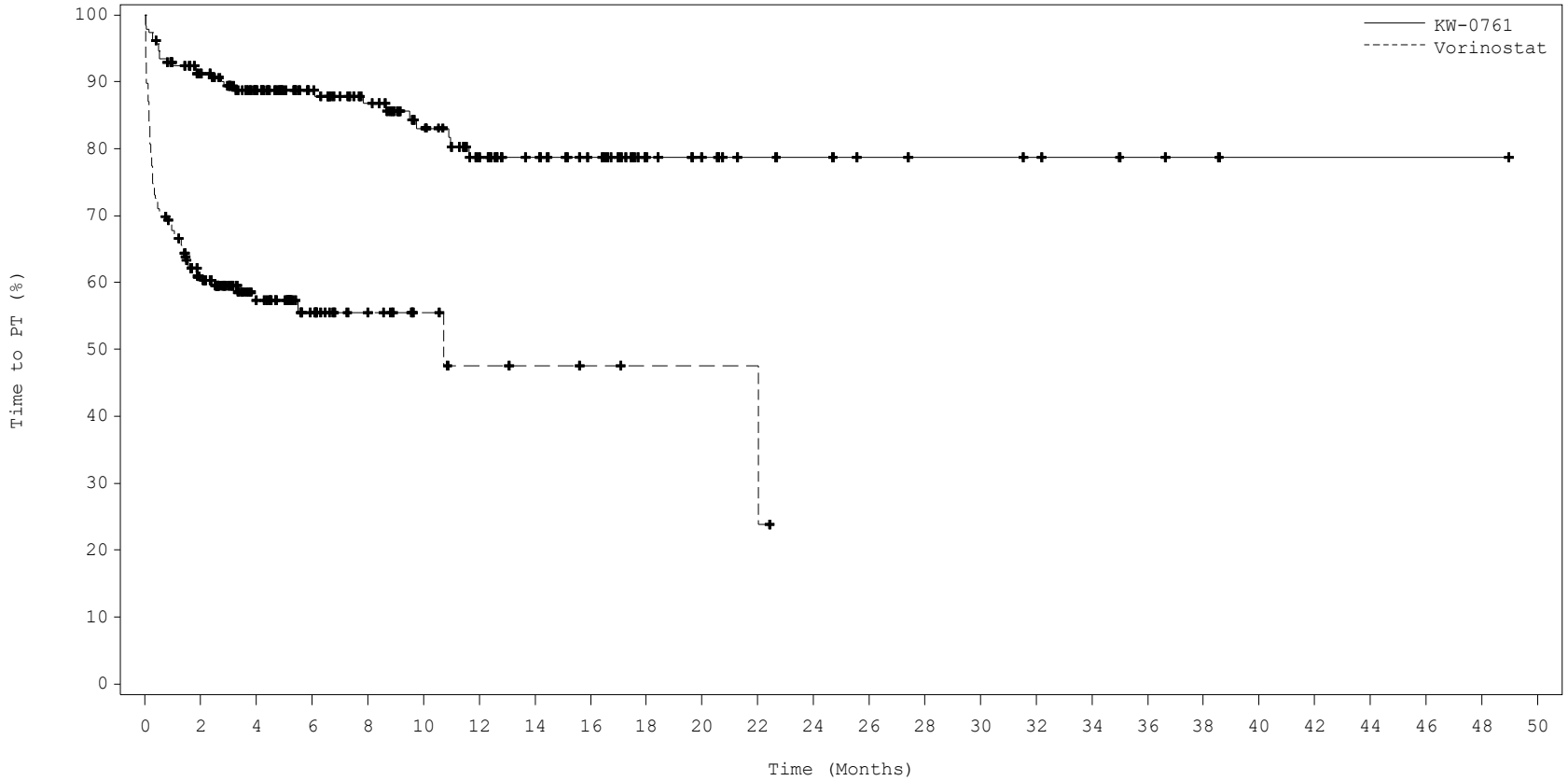
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = NAUSEA



No. at Risk:

KW:	184	158	126	95	80	64	48	37	30	19	15	10	9	7	6	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	94	48	26	15	8	5	4	3	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

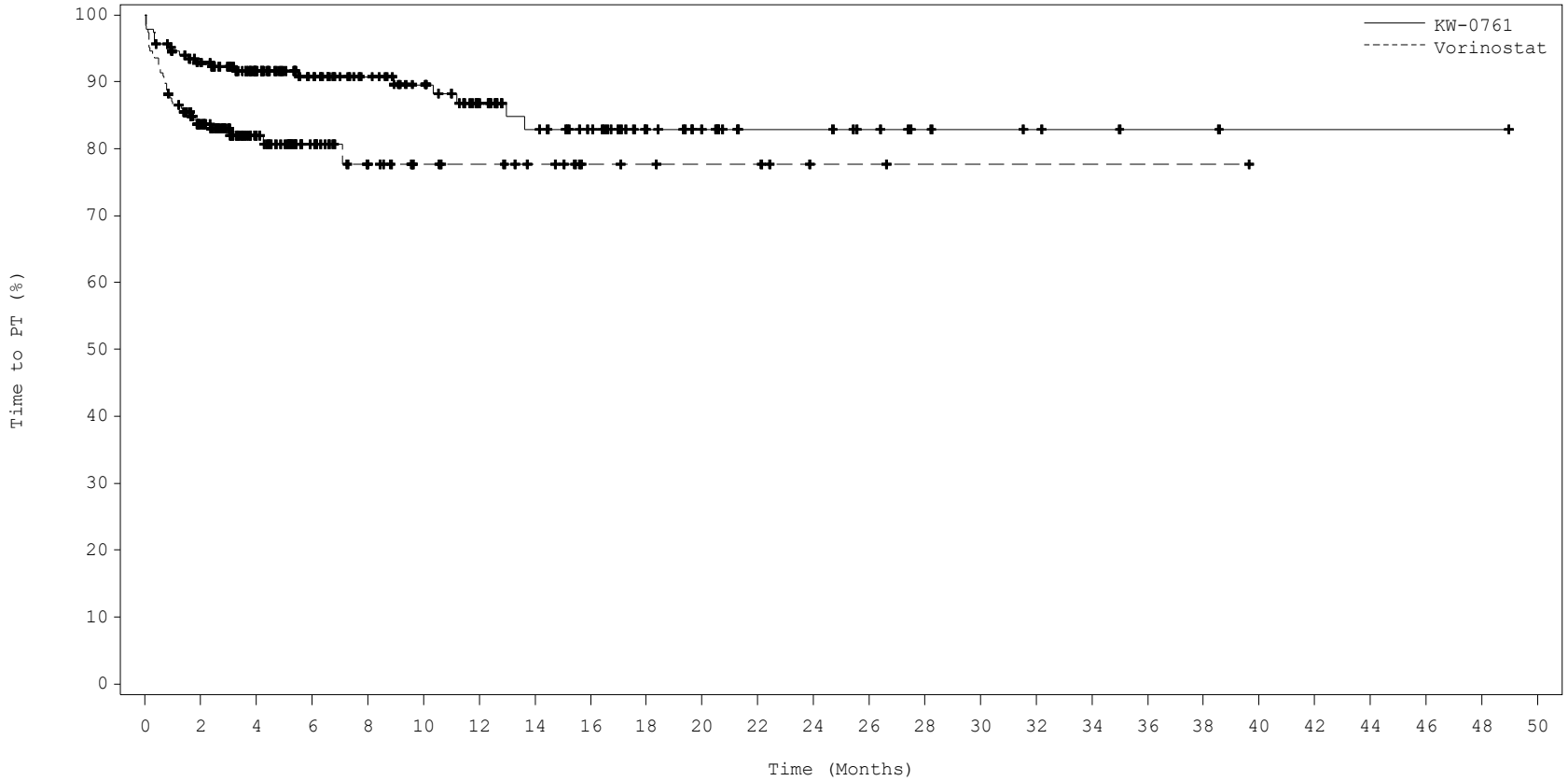
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = CONSTIPATION



No. at Risk:

KW:	184	162	128	98	82	70	55	42	35	25	19	12	12	9	6	5	4	3	2	2	1	1	1	1	1	0
VOR:	186	129	63	37	24	17	15	12	7	6	5	5	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

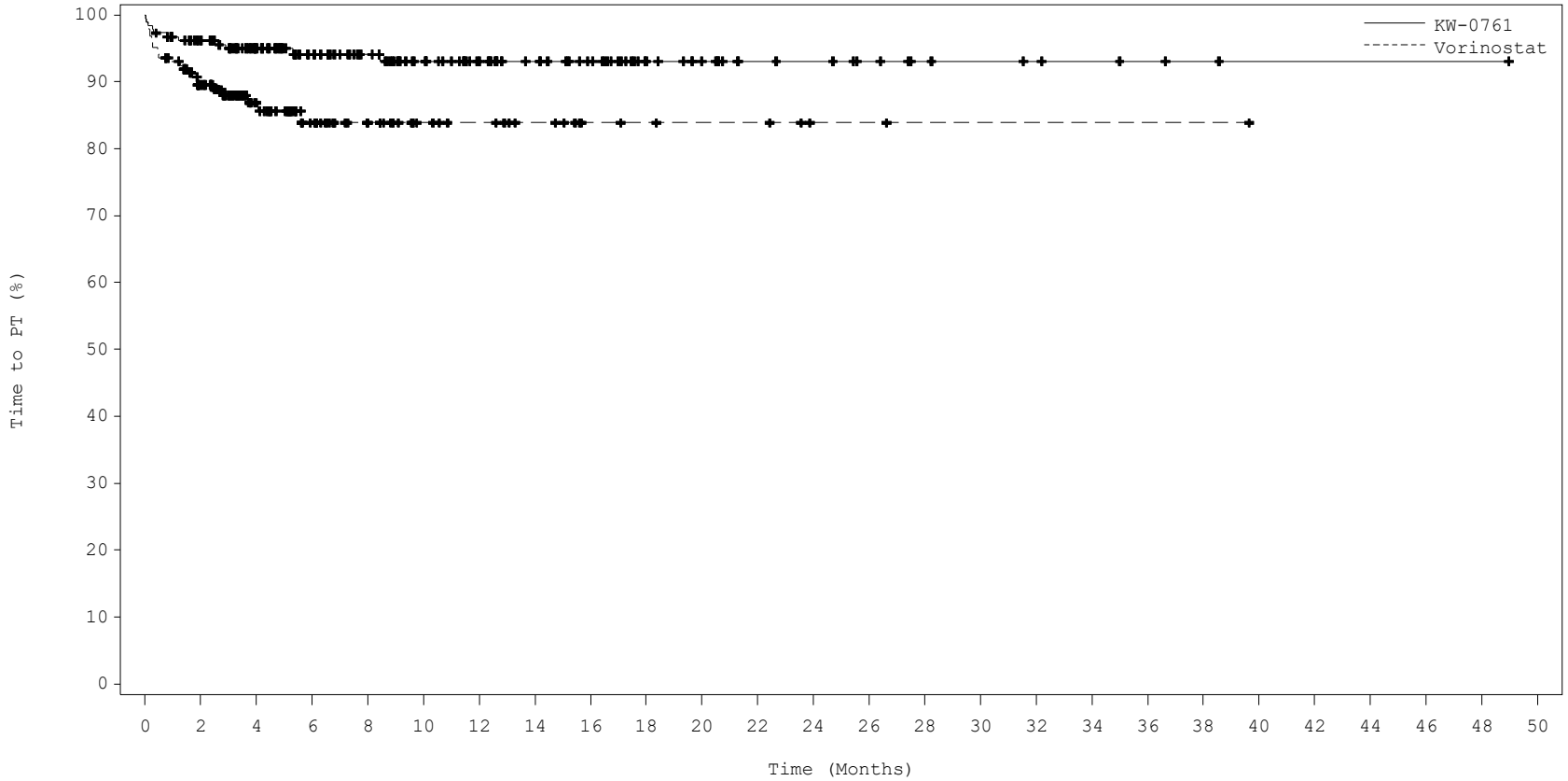
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = VOMITING



No. at Risk:

KW:	184	166	134	103	87	71	57	46	38	26	21	14	13	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	139	71	44	30	19	16	12	7	6	5	5	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

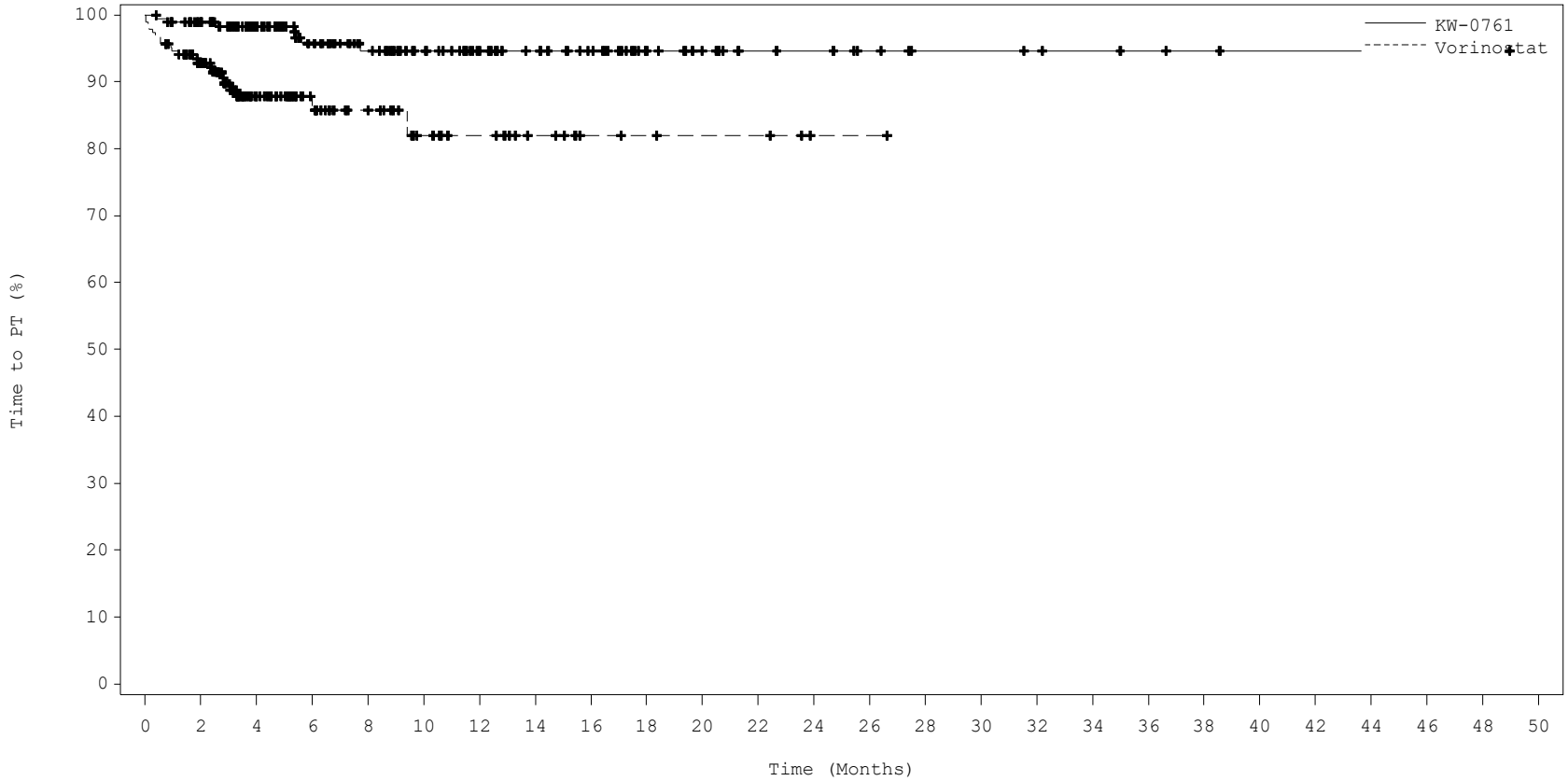
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = ABDOMINAL PAIN



No. at Risk:

KW:	184	171	137	104	86	71	56	44	37	26	20	13	12	9	6	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	141	67	42	30	19	15	10	6	5	4	4	1	1	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

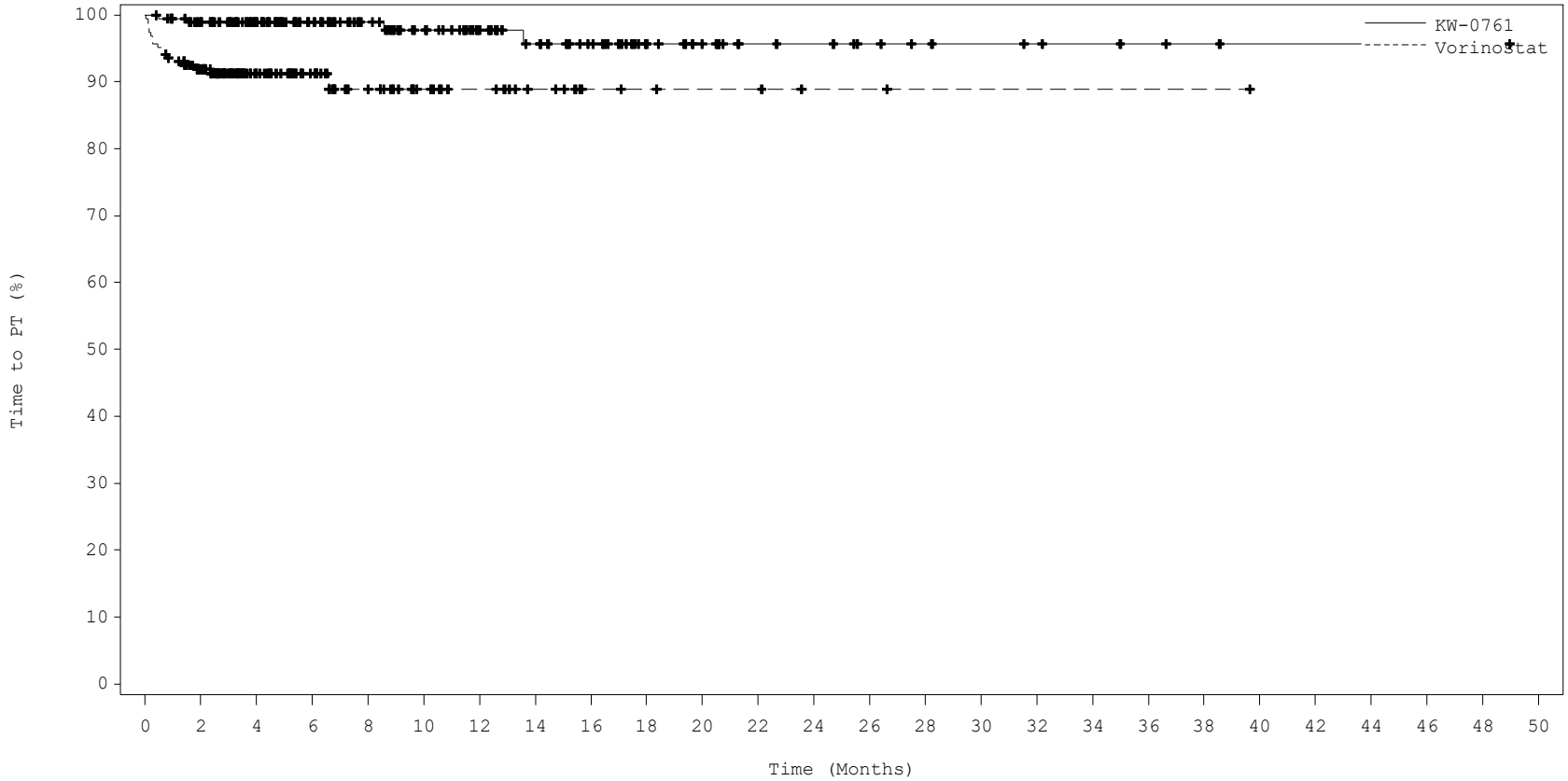
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = DRY MOUTH



No. at Risk:

KW:	184	171	138	106	88	74	58	45	37	26	20	13	12	9	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	143	72	48	32	21	16	11	6	5	4	4	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

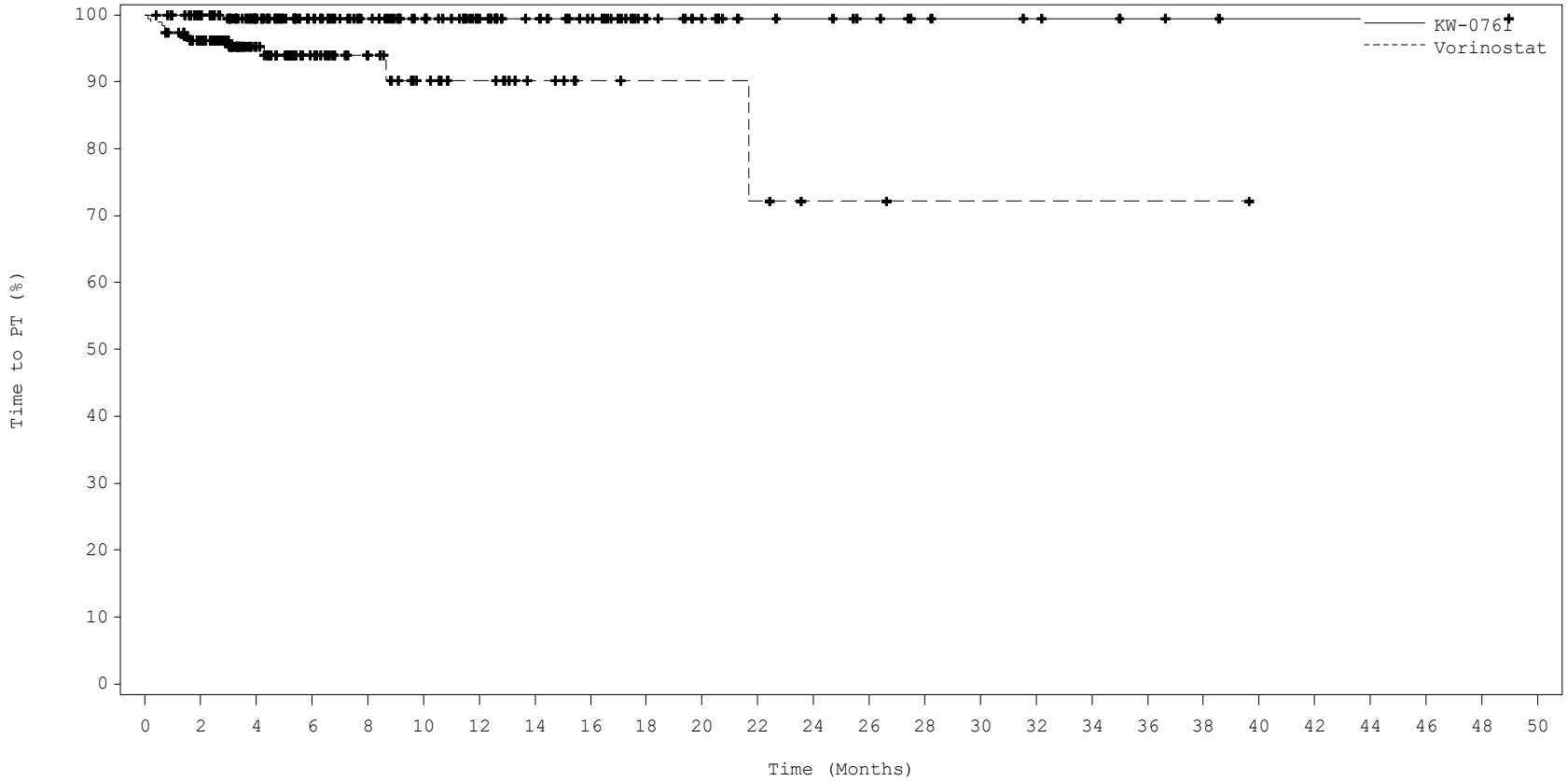
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = ABDOMINAL PAIN UPPER



No. at Risk:

KW:	184	173	139	107	89	75	59	47	39	27	21	14	13	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	147	74	45	29	18	14	9	6	5	5	4	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

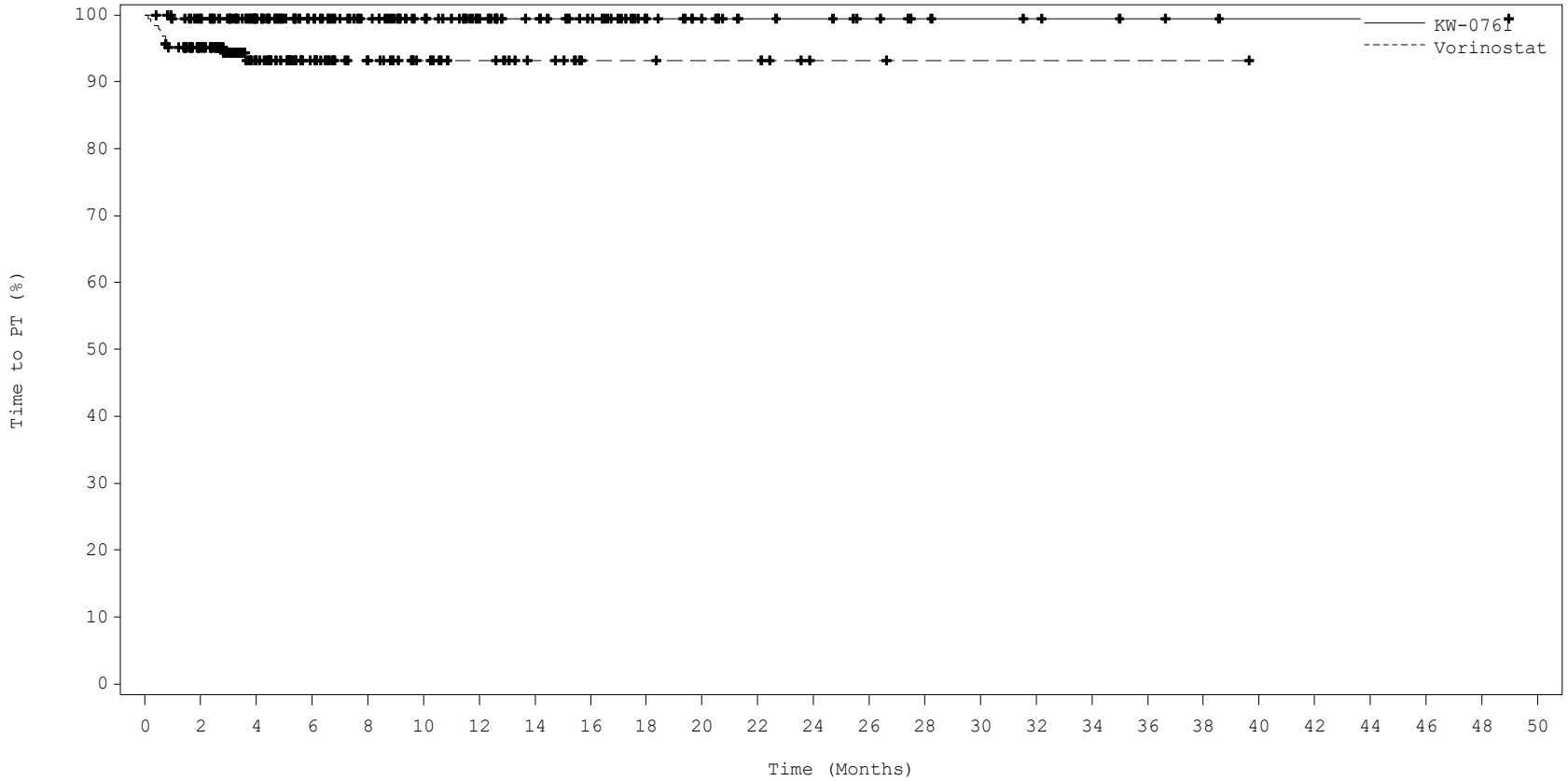
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = DYSPEPSIA



No. at Risk:

KW:	184	172	139	108	90	75	59	47	39	27	21	14	13	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	146	74	48	32	22	17	12	7	7	6	6	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

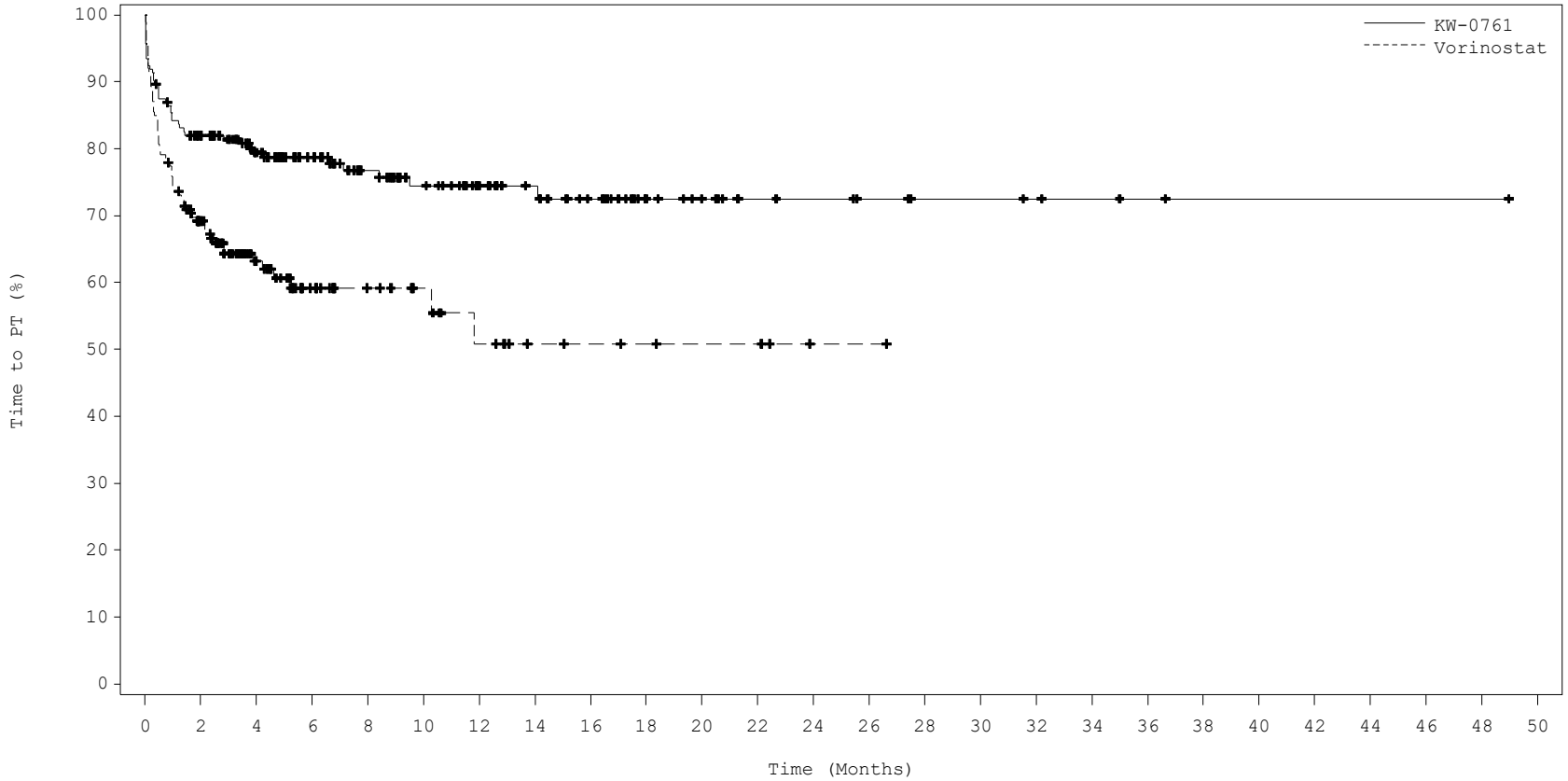
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = FATIGUE



No. at Risk:

KW:	184	145	115	90	72	60	48	38	30	20	16	10	9	7	5	5	4	3	2	1	1	1	1	1	0
VOR:	186	110	54	30	21	16	11	7	6	5	4	4	1	1	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

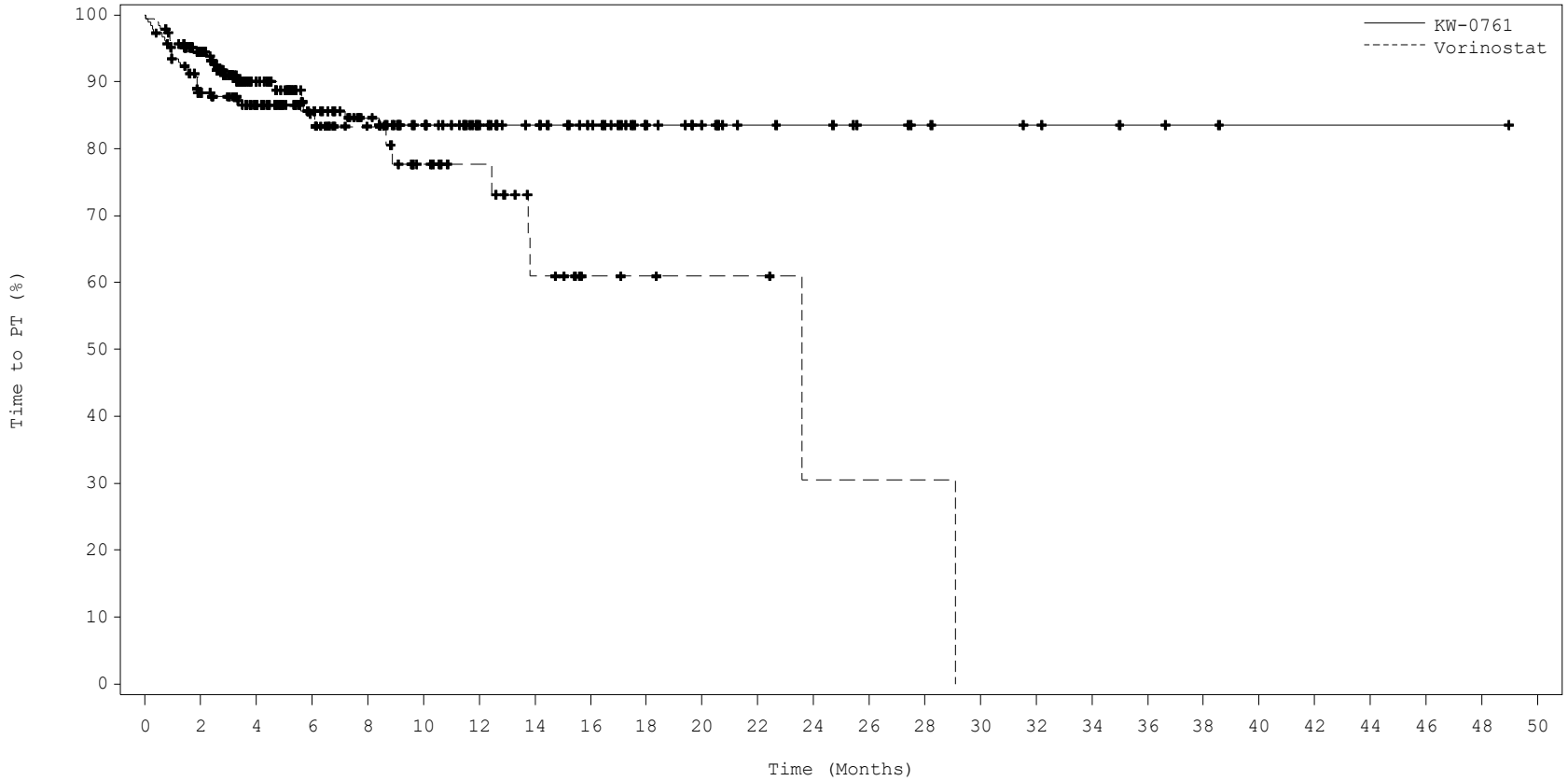
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = OEDEMA PERIPHERAL



No. at Risk:

KW:	184	154	125	94	78	64	49	41	34	24	19	13	12	9	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	148	77	46	33	22	17	10	5	4	3	3	1	1	1	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

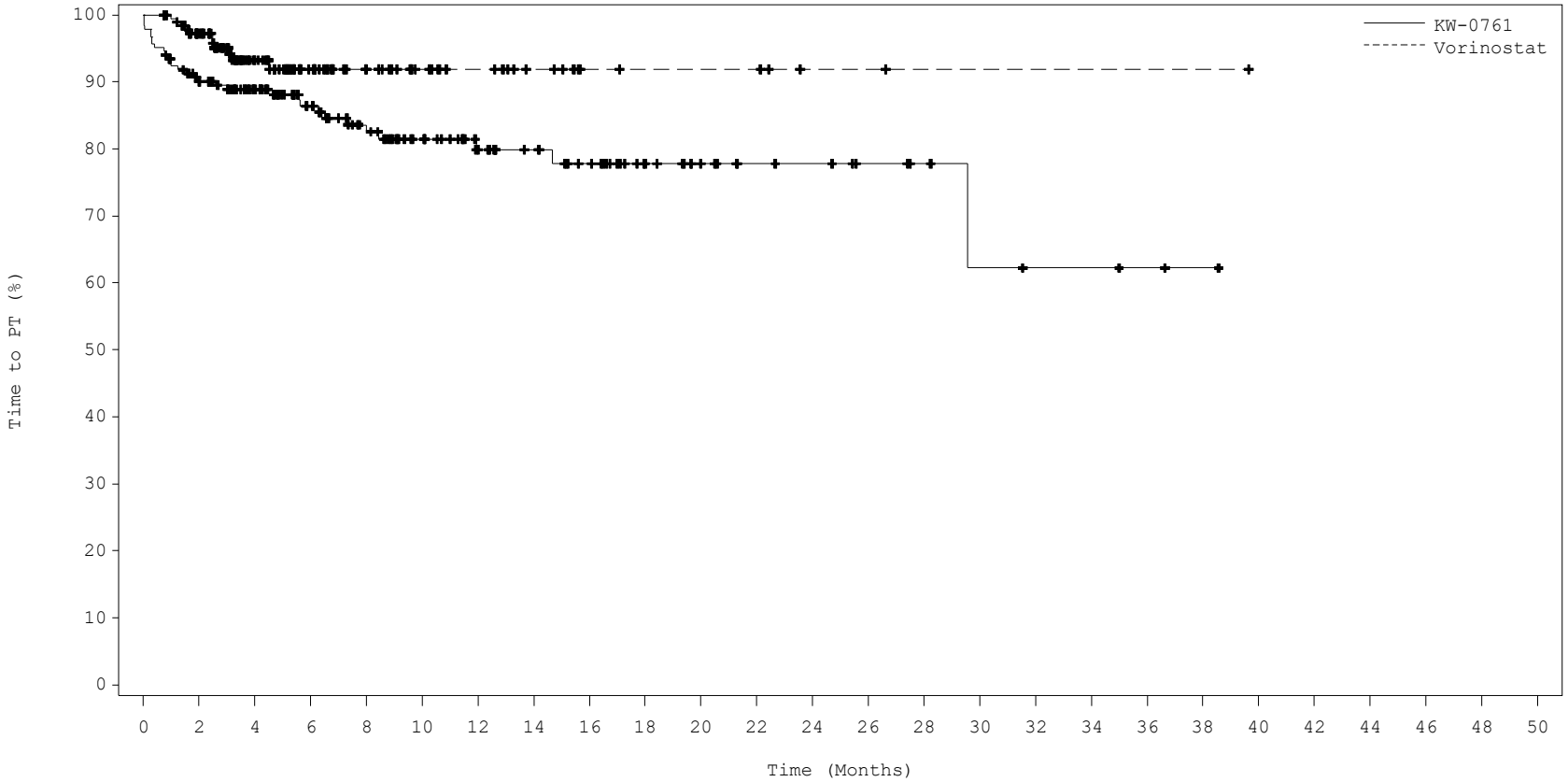
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = PYREXIA



No. at Risk:

KW:	184	156	128	98	80	64	49	40	33	23	17	12	11	8	6	4	3	3	2	1	0	0	0	0	0	0
VOR:	186	152	77	48	32	21	16	11	6	5	5	5	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

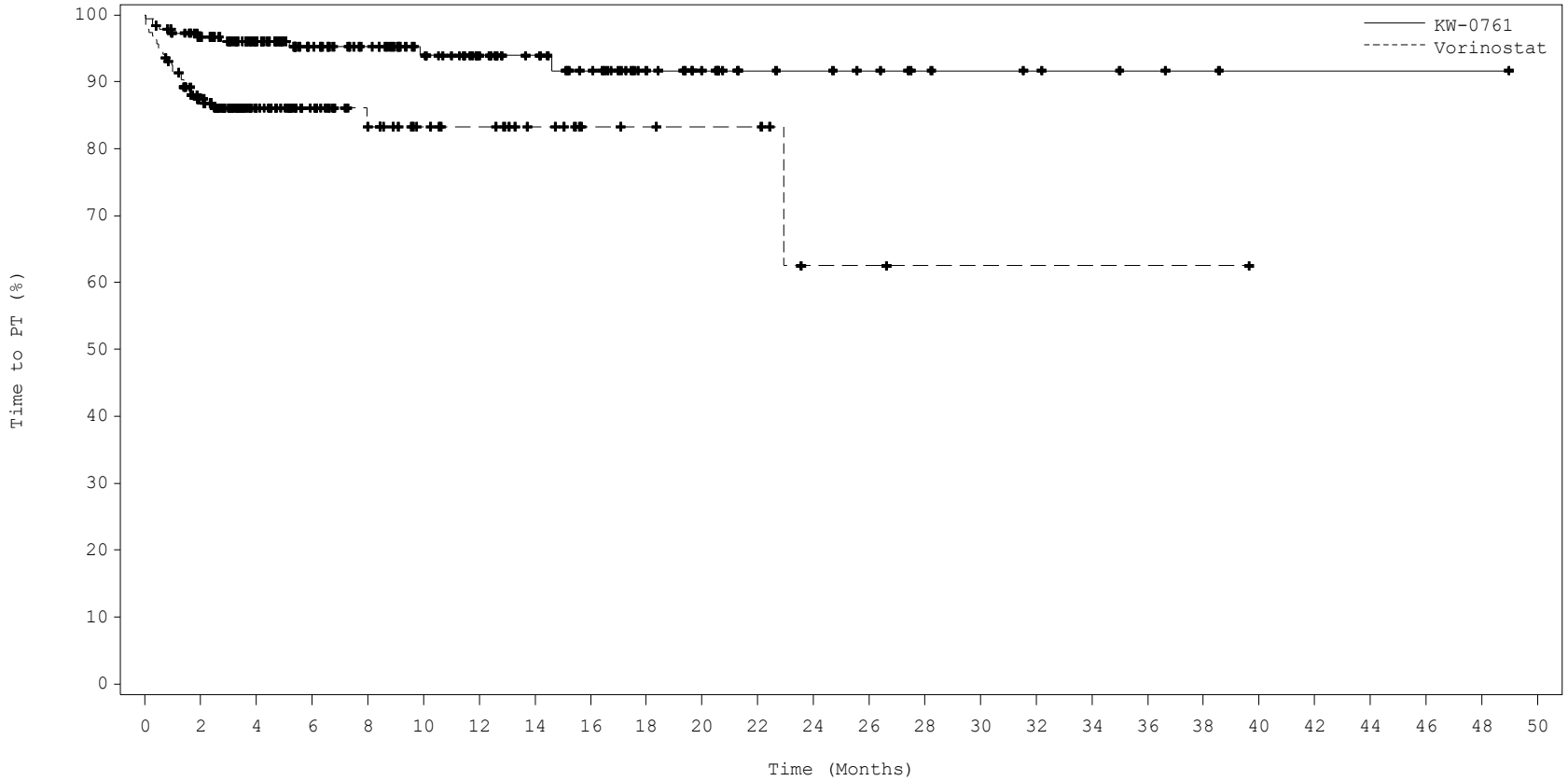
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = ASTHENIA



No. at Risk:

KW:	184	167	133	100	87	71	56	45	37	26	20	13	12	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	136	71	46	30	21	18	13	8	7	6	6	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

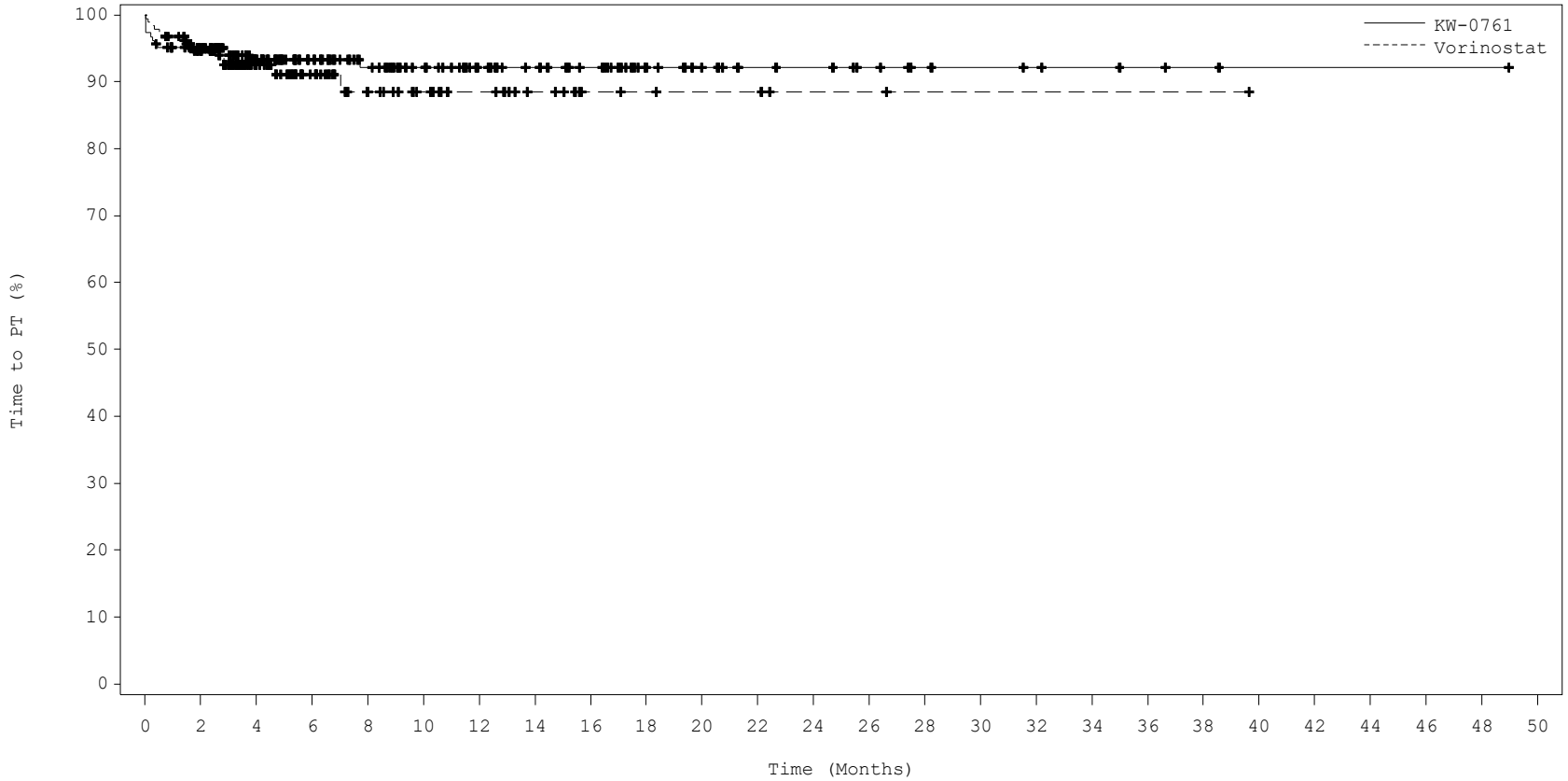
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = CHILLS



No. at Risk:

KW:	184	164	132	101	83	69	54	44	37	26	20	14	13	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	148	73	46	30	21	16	11	6	5	4	4	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

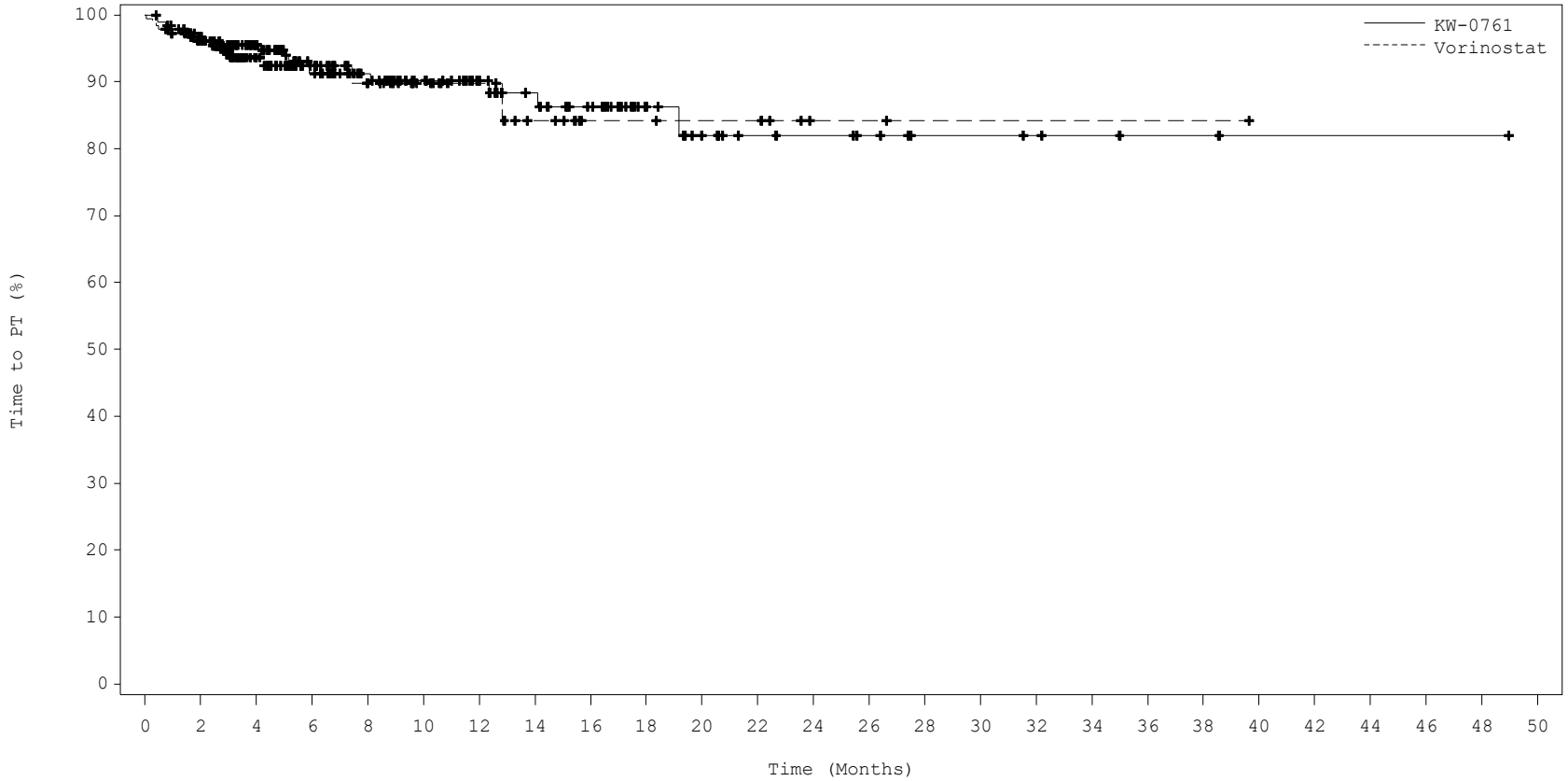
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = SKIN INFECTION



No. at Risk:

KW:	184	168	134	99	82	66	53	42	34	22	16	11	10	8	5	5	4	3	2	2	1	1	1	1	1	0
VOR:	186	149	77	49	33	22	17	12	7	7	6	6	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

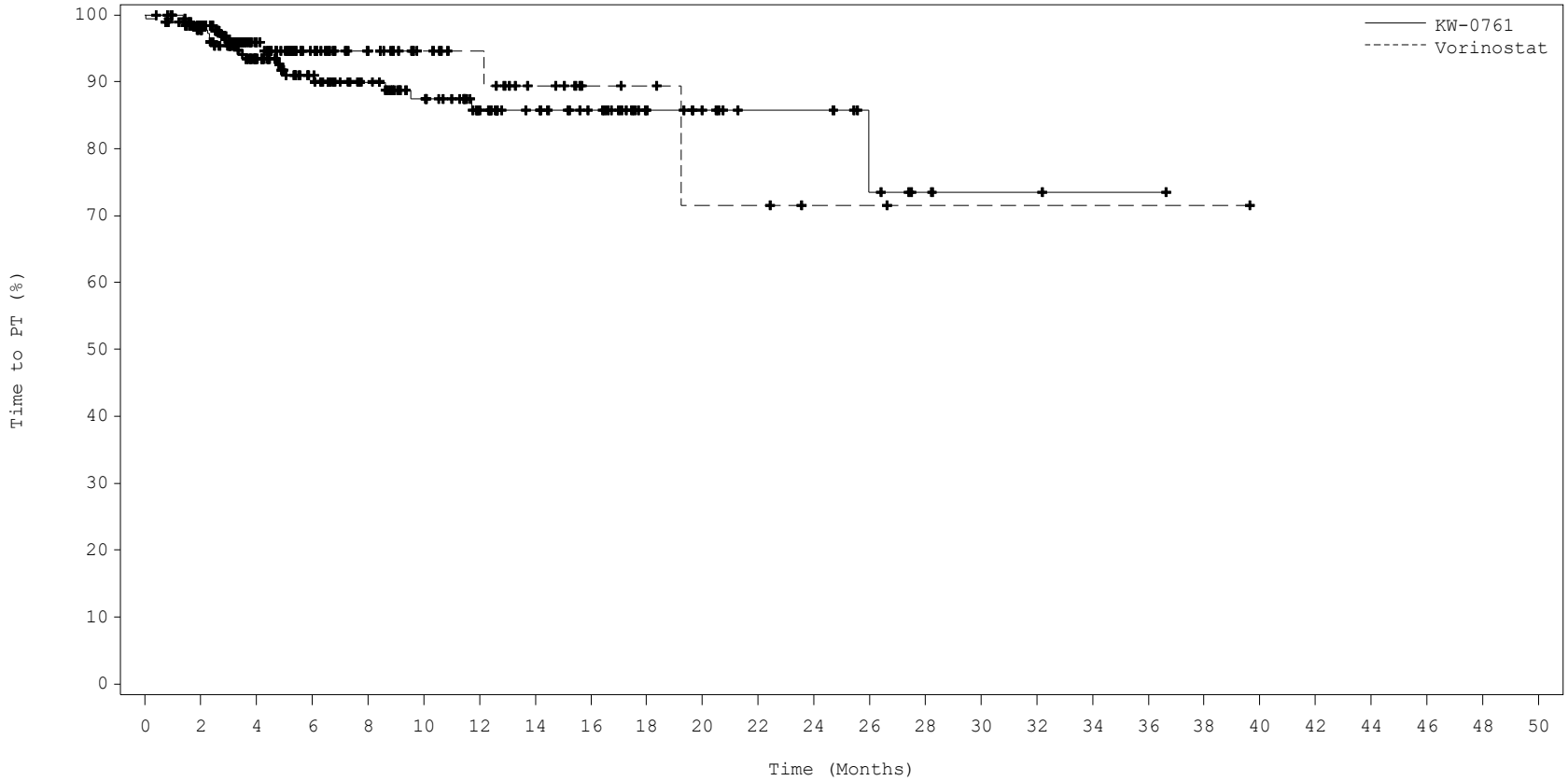
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = UPPER RESPIRATORY TRACT INFECTION



No. at Risk:

KW:	184	169	129	96	78	64	48	37	30	19	15	10	10	6	3	2	2	1	1	0	0	0	0	0	0	0
VOR:	186	151	77	48	33	22	18	12	7	6	4	4	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

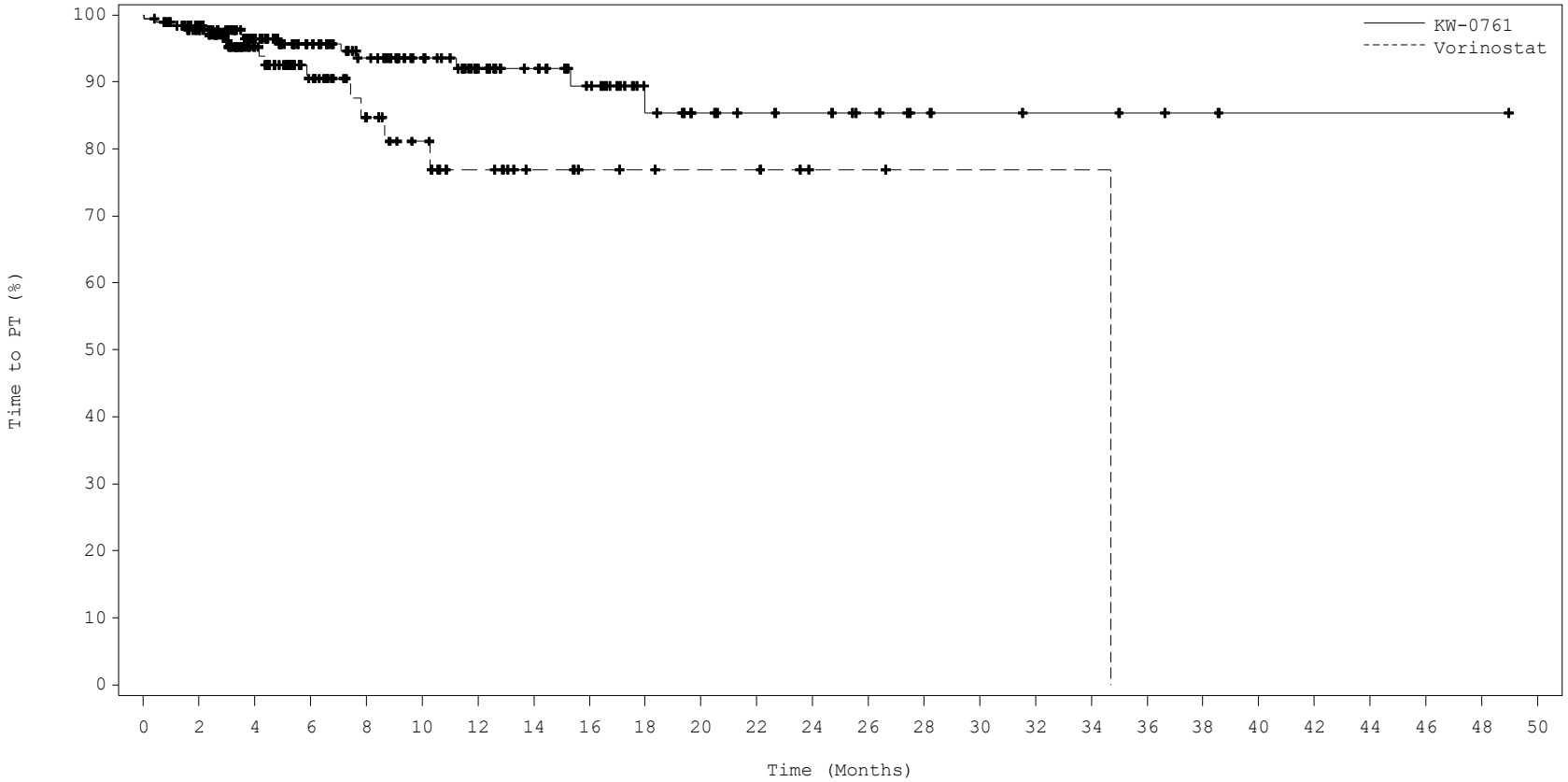
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = NASOPHARYNGITIS



No. at Risk:

KW:	184	169	135	102	84	70	53	41	33	22	16	13	12	9	6	5	4	4	3	2	1	1	1	1	1	0
VOR:	186	151	74	44	28	20	14	9	7	6	5	5	2	2	1	1	1	1	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

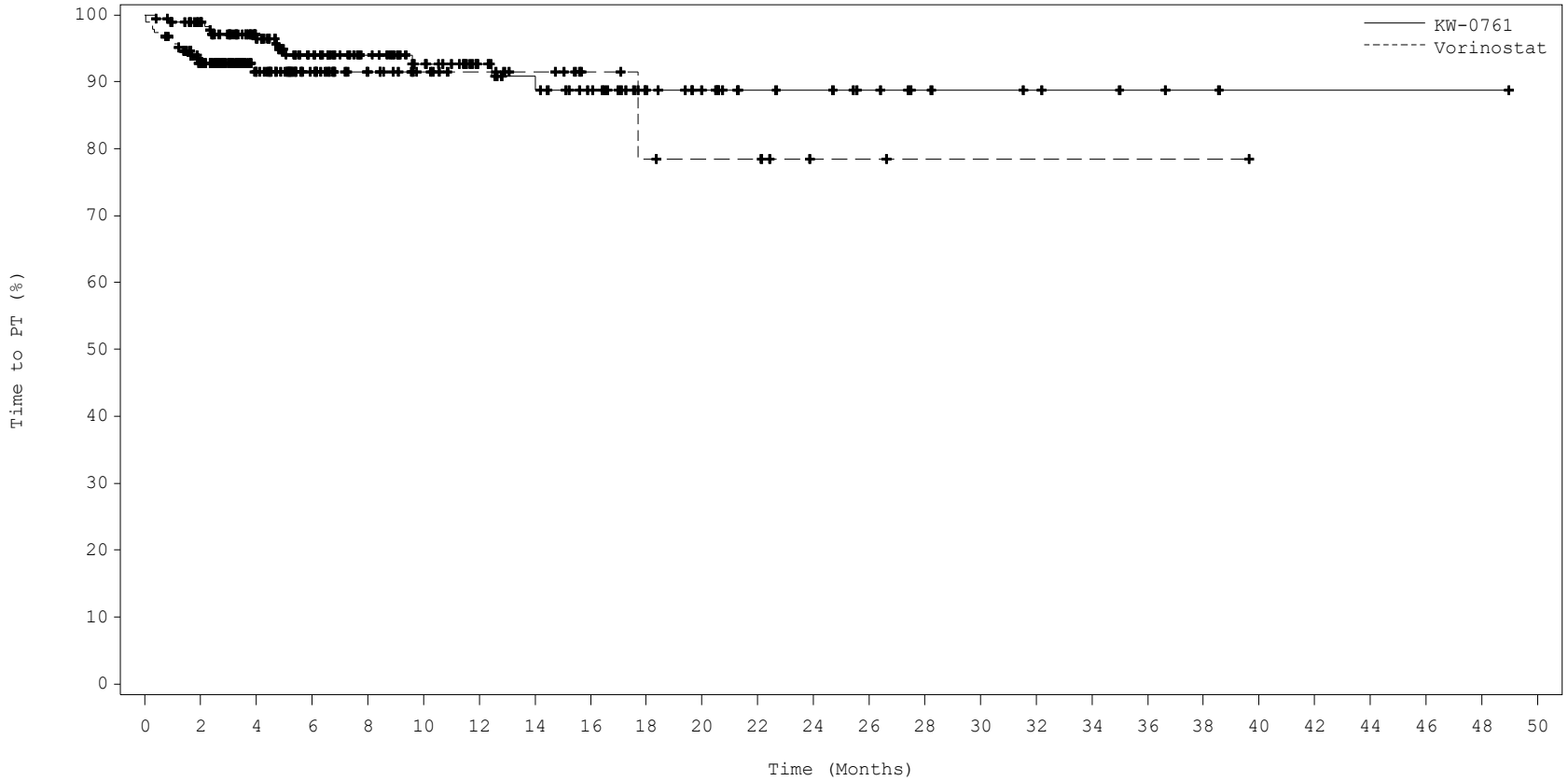
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = URINARY TRACT INFECTION



No. at Risk:

KW:	184	171	135	101	83	68	53	43	36	26	21	14	13	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	144	73	45	30	20	16	13	8	6	5	5	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

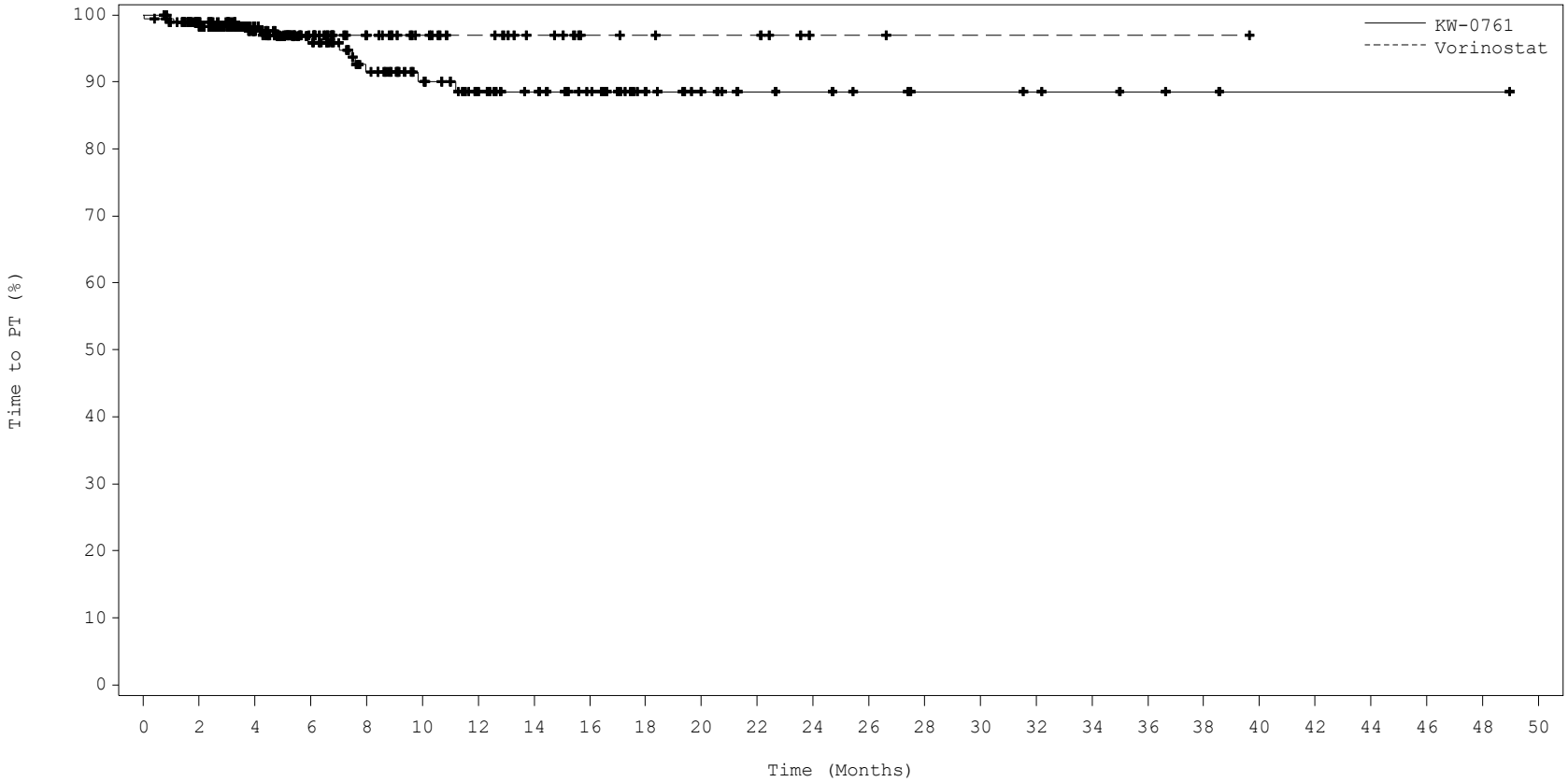
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = FOLLICULITIS



No. at Risk:

KW:	184	171	136	103	80	65	51	39	31	21	16	11	10	8	6	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	152	77	48	33	23	18	13	8	7	6	6	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

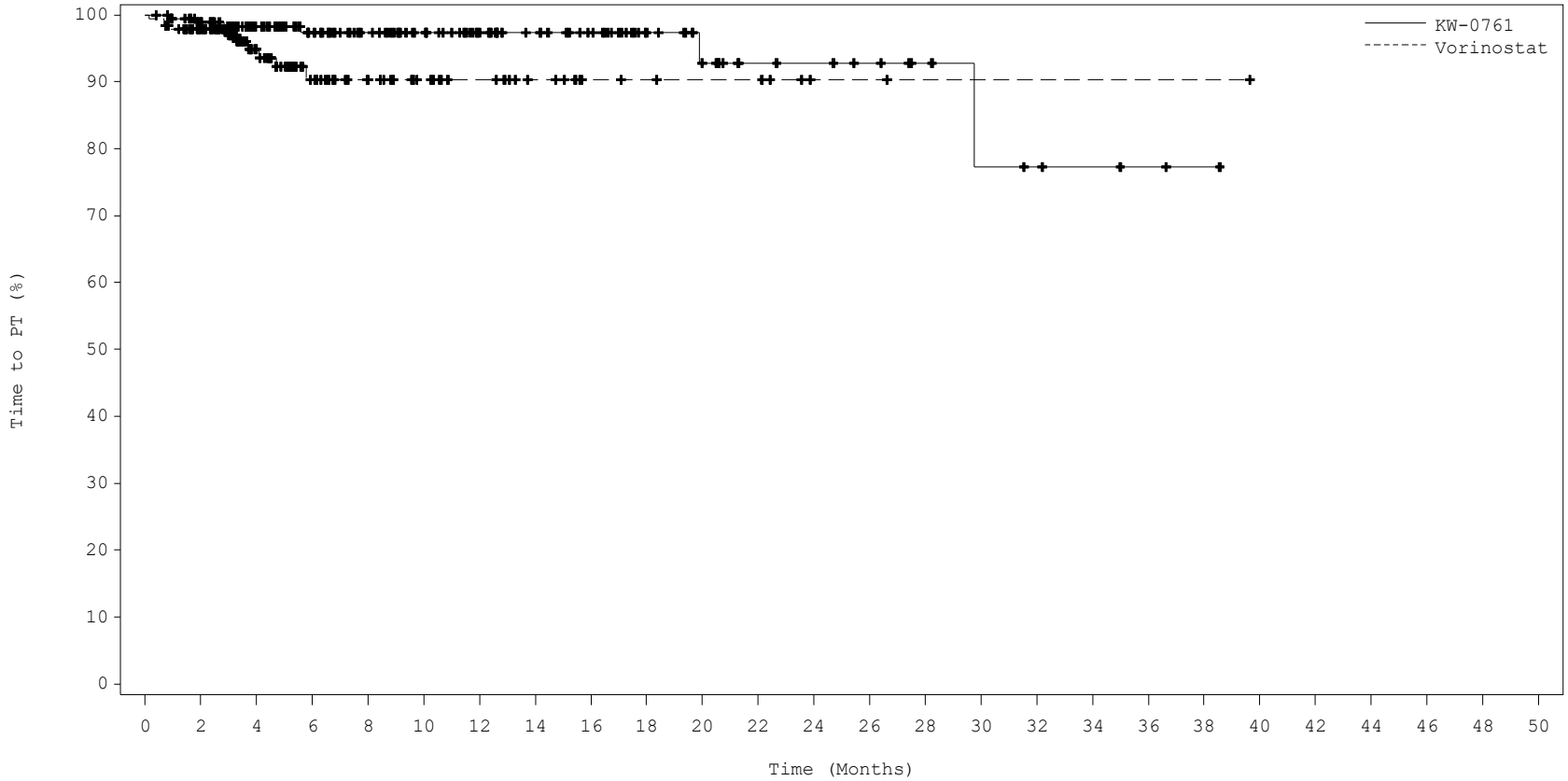
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = CELLULITIS



No. at Risk:

KW:	184	171	138	107	89	74	59	47	39	27	20	13	12	10	7	5	4	3	2	1	0	0	0	0	0	0
VOR:	186	151	77	47	33	23	18	13	8	7	6	6	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

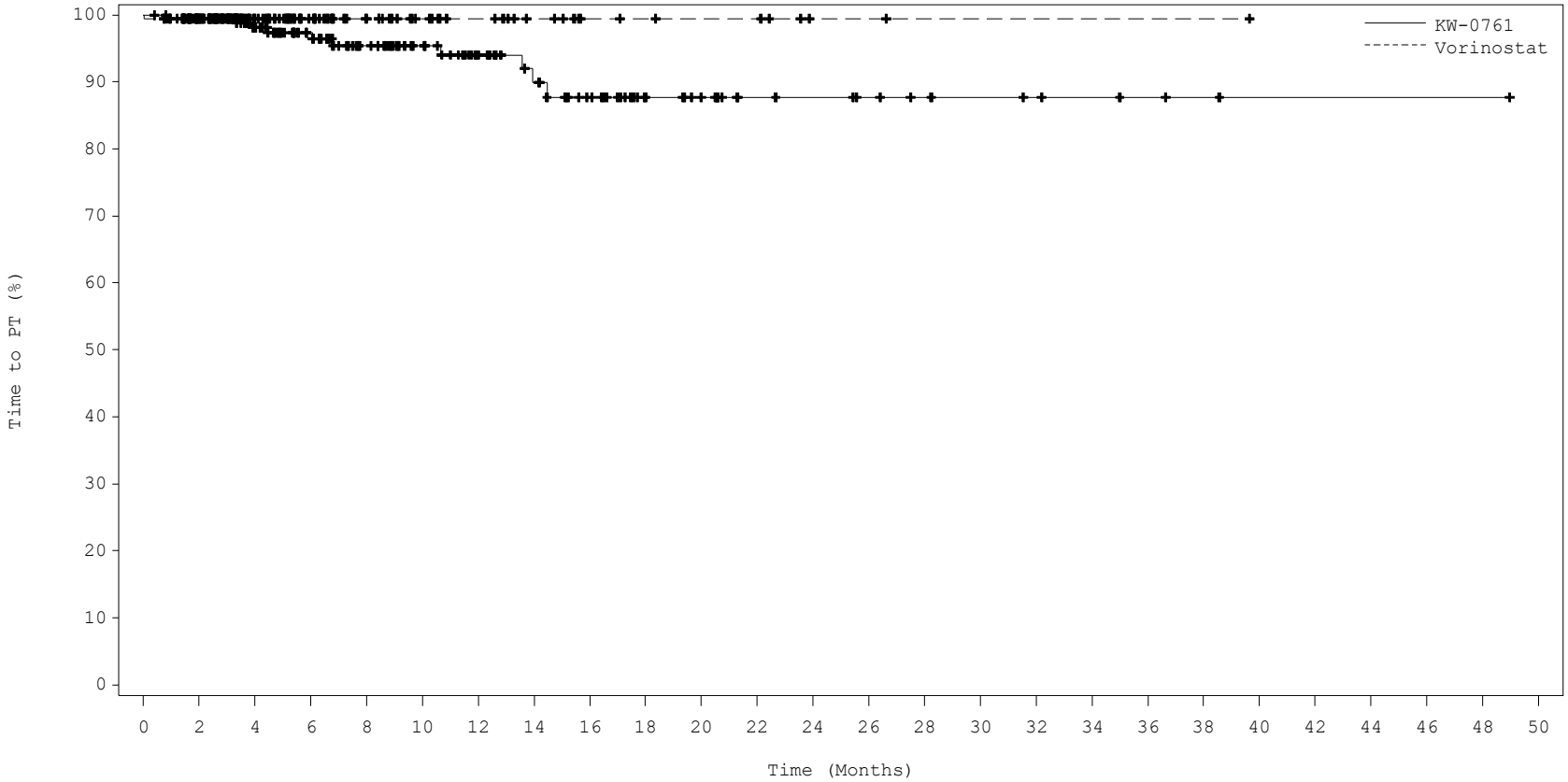
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = ORAL CANDIDIASIS



No. at Risk:

KW:	184	172	138	106	86	72	57	43	34	23	19	12	11	9	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	153	78	49	33	23	18	13	8	7	6	6	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

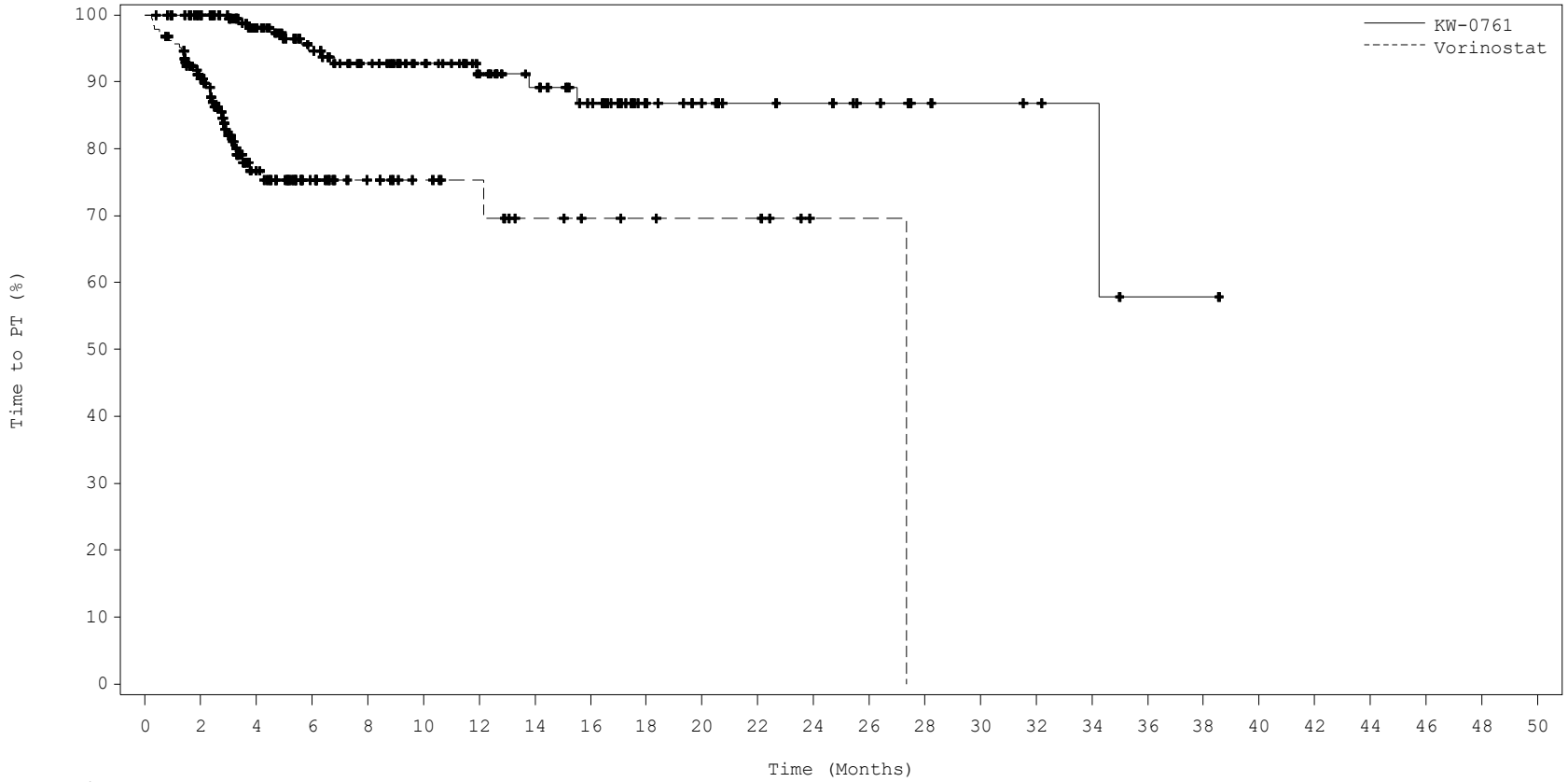
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = ALOPECIA



No. at Risk:

KW:	184	173	137	103	87	73	57	44	35	23	18	13	12	9	6	5	4	3	1	1	0	0	0	0	0	0
VOR:	186	138	60	34	22	16	13	9	7	6	5	5	1	1	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

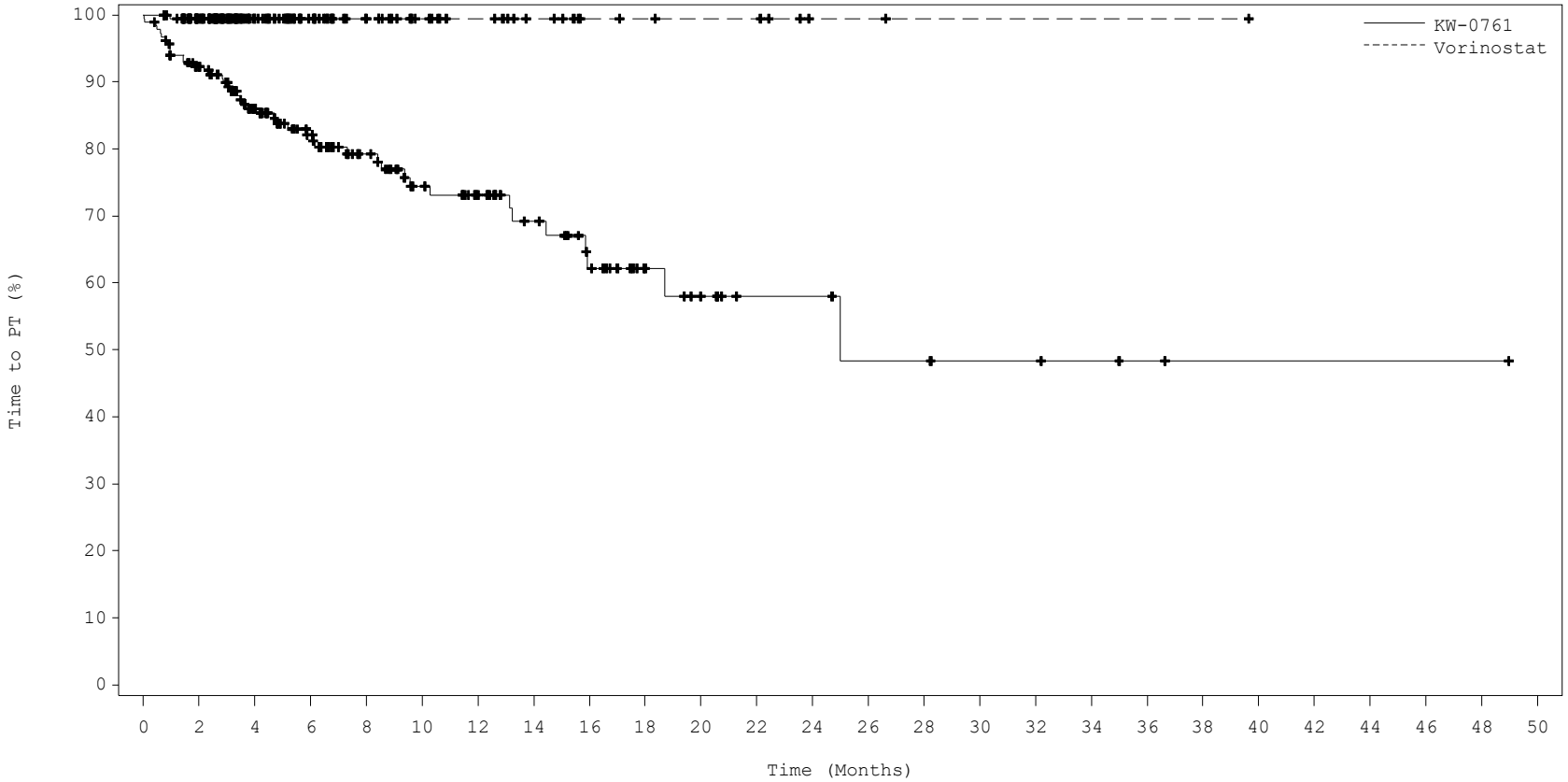
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = DRUG ERUPTION



No. at Risk:

KW:	184	160	122	91	72	57	47	34	25	16	12	7	7	5	5	4	4	3	2	1	1	1	1	1	0
VOR:	186	154	79	50	34	23	18	13	8	7	6	6	2	2	1	1	1	1	1	1	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

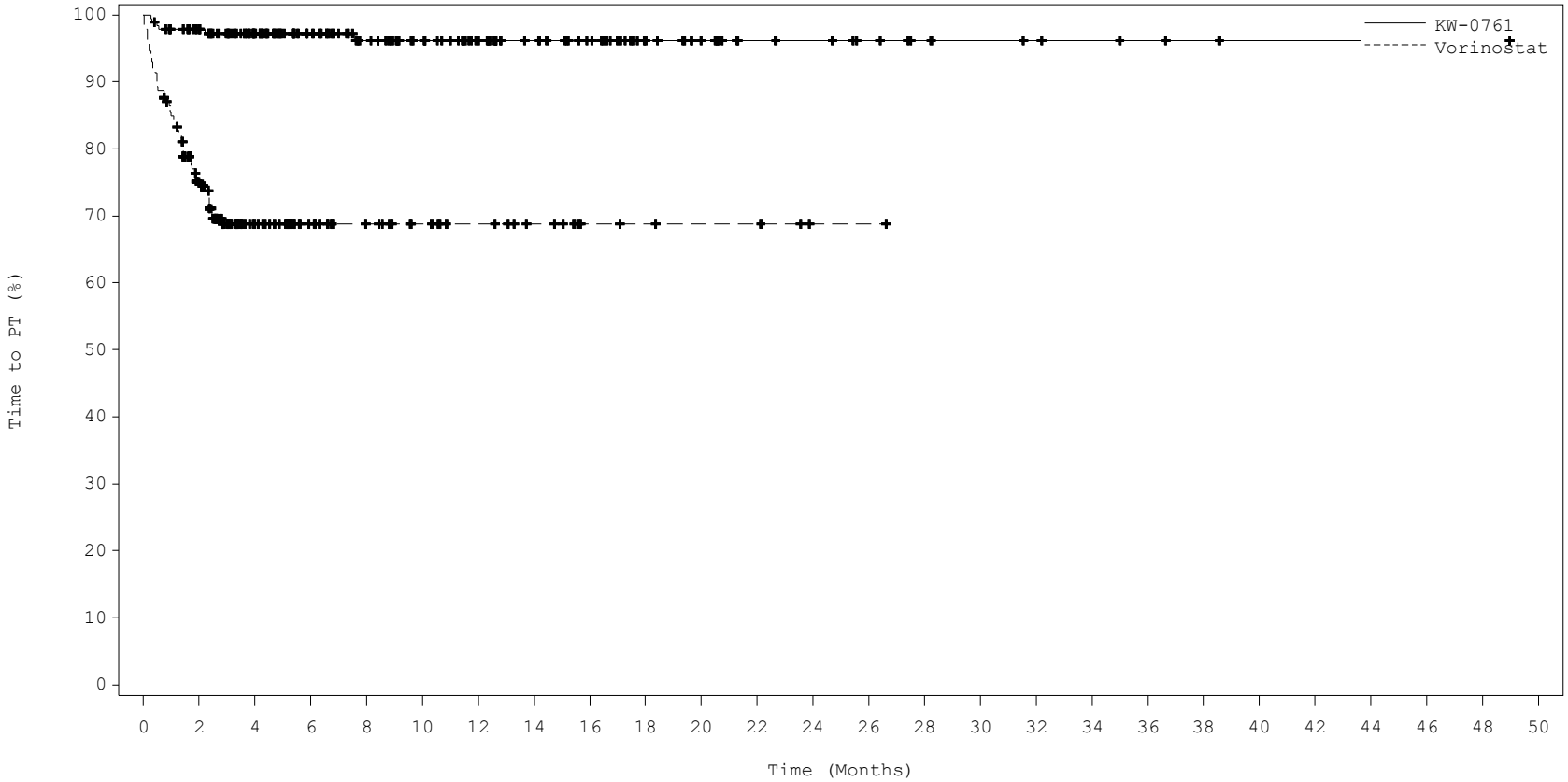
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = DYSGEUSIA



No. at Risk:

KW:	184	169	137	105	86	73	59	47	39	27	21	14	13	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	116	54	34	25	19	15	11	6	5	4	4	1	1	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

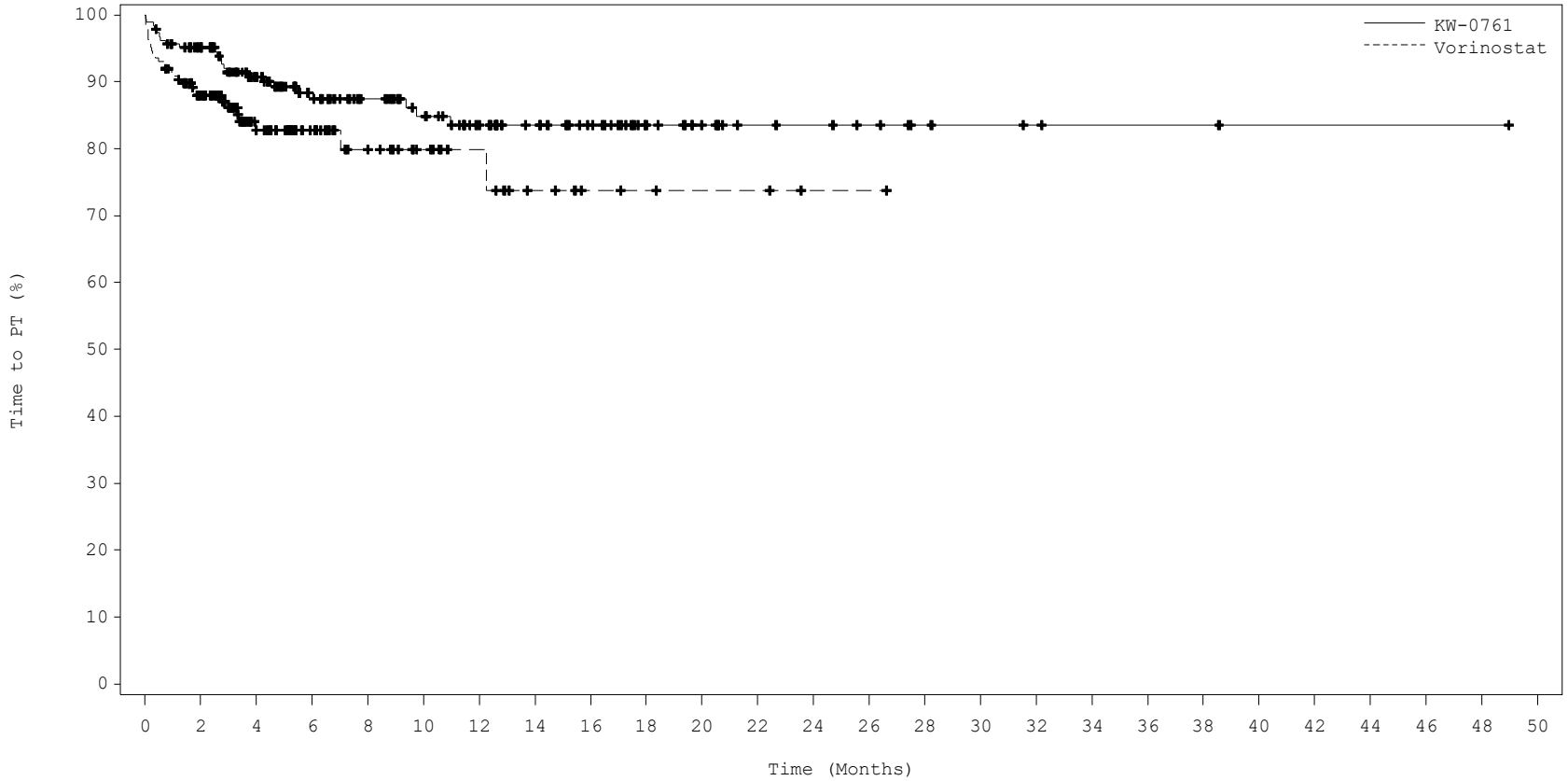
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = HEADACHE



No. at Risk:

KW:	184	165	128	95	78	66	53	42	34	23	17	11	10	8	5	4	3	2	2	2	1	1	1	1	1	0
VOR:	186	133	65	41	26	18	13	8	5	4	3	3	1	1	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

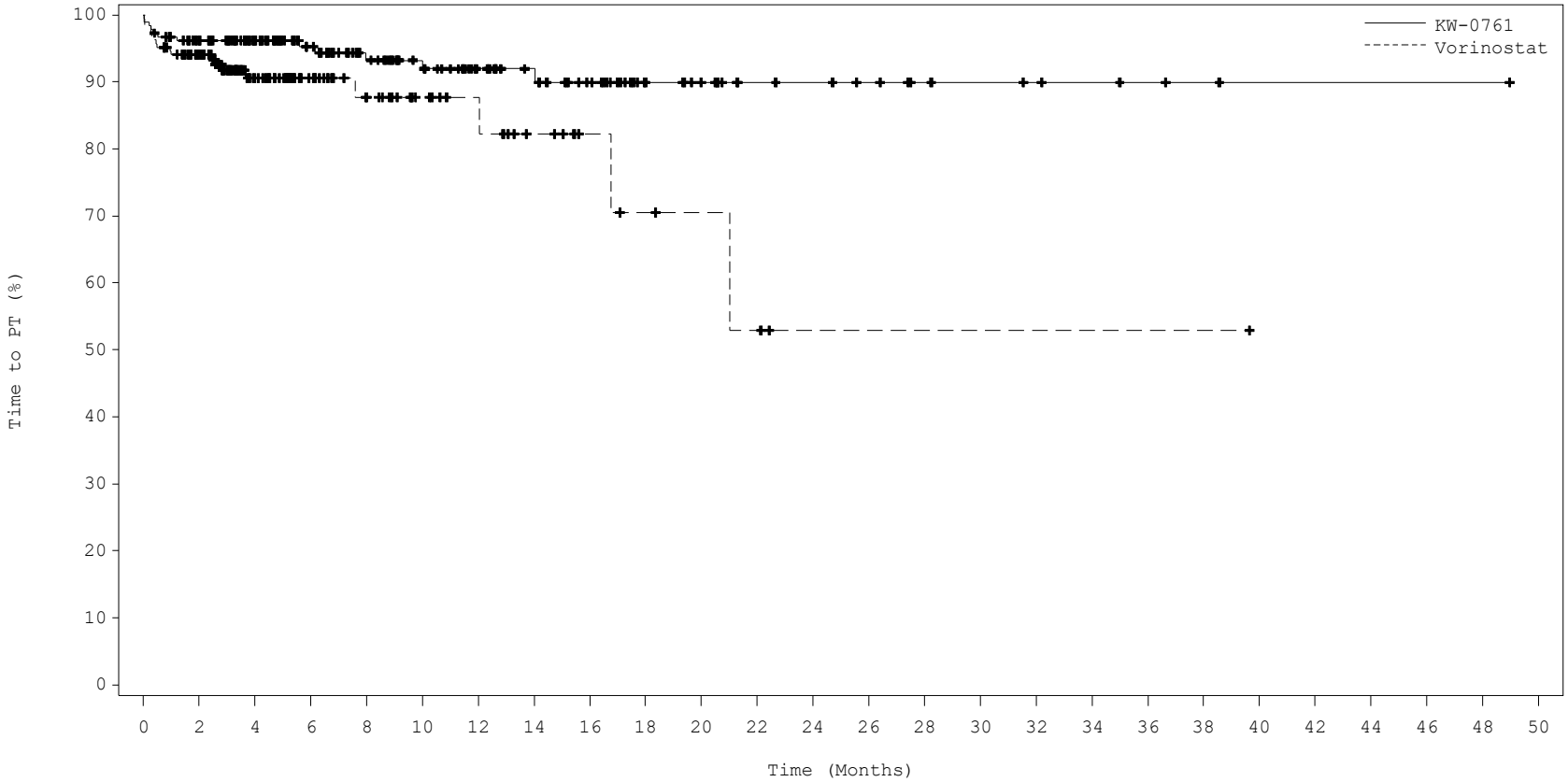
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = DIZZINESS



No. at Risk:

KW:	184	166	135	103	84	72	56	45	36	24	20	13	12	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	143	71	44	30	20	16	11	7	5	4	3	1	1	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

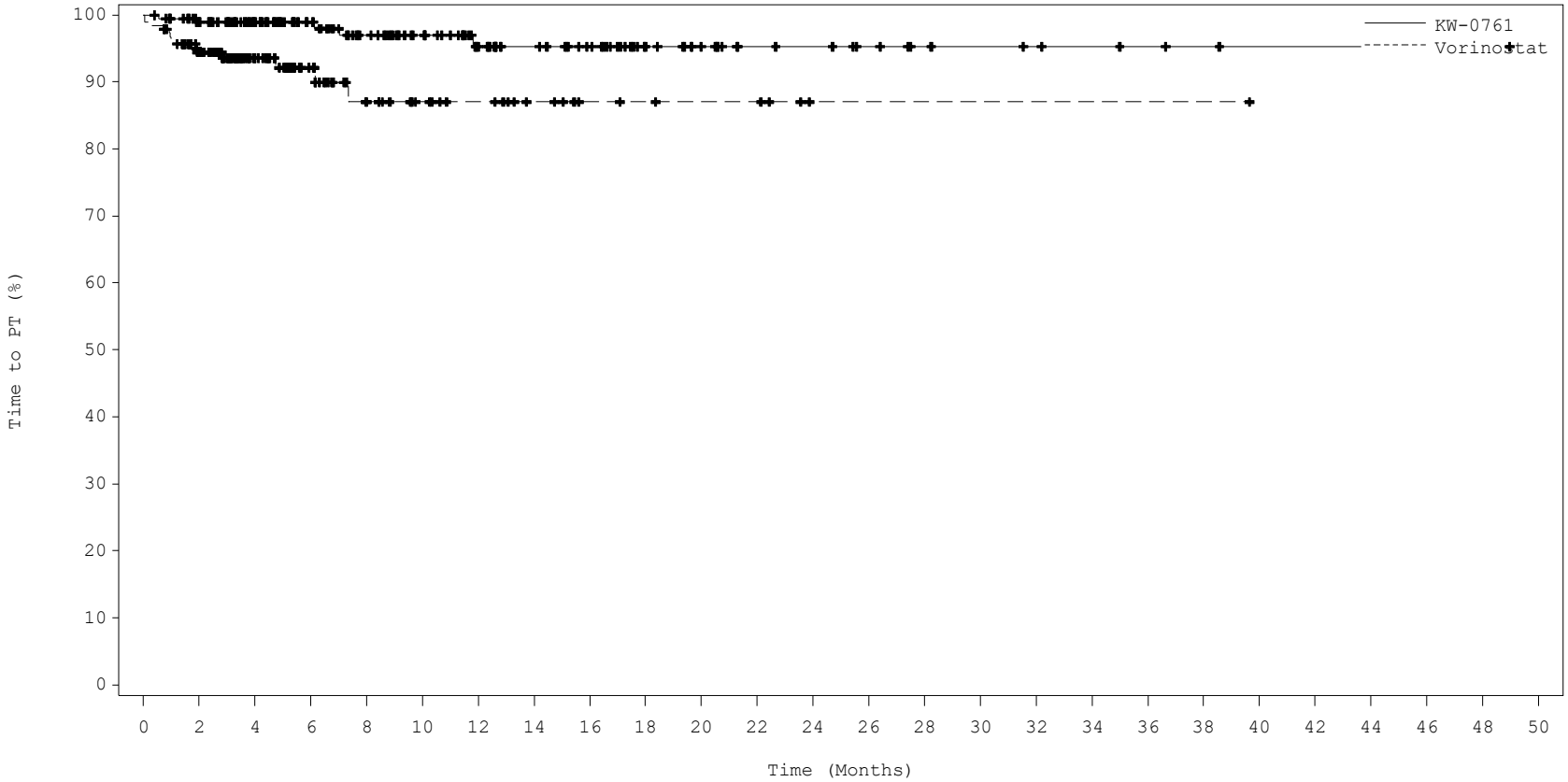
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = PARAESTHESIA



No. at Risk:

KW:	184	171	140	108	88	74	57	46	39	27	21	14	13	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	144	74	45	29	20	16	11	7	6	5	5	1	1	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

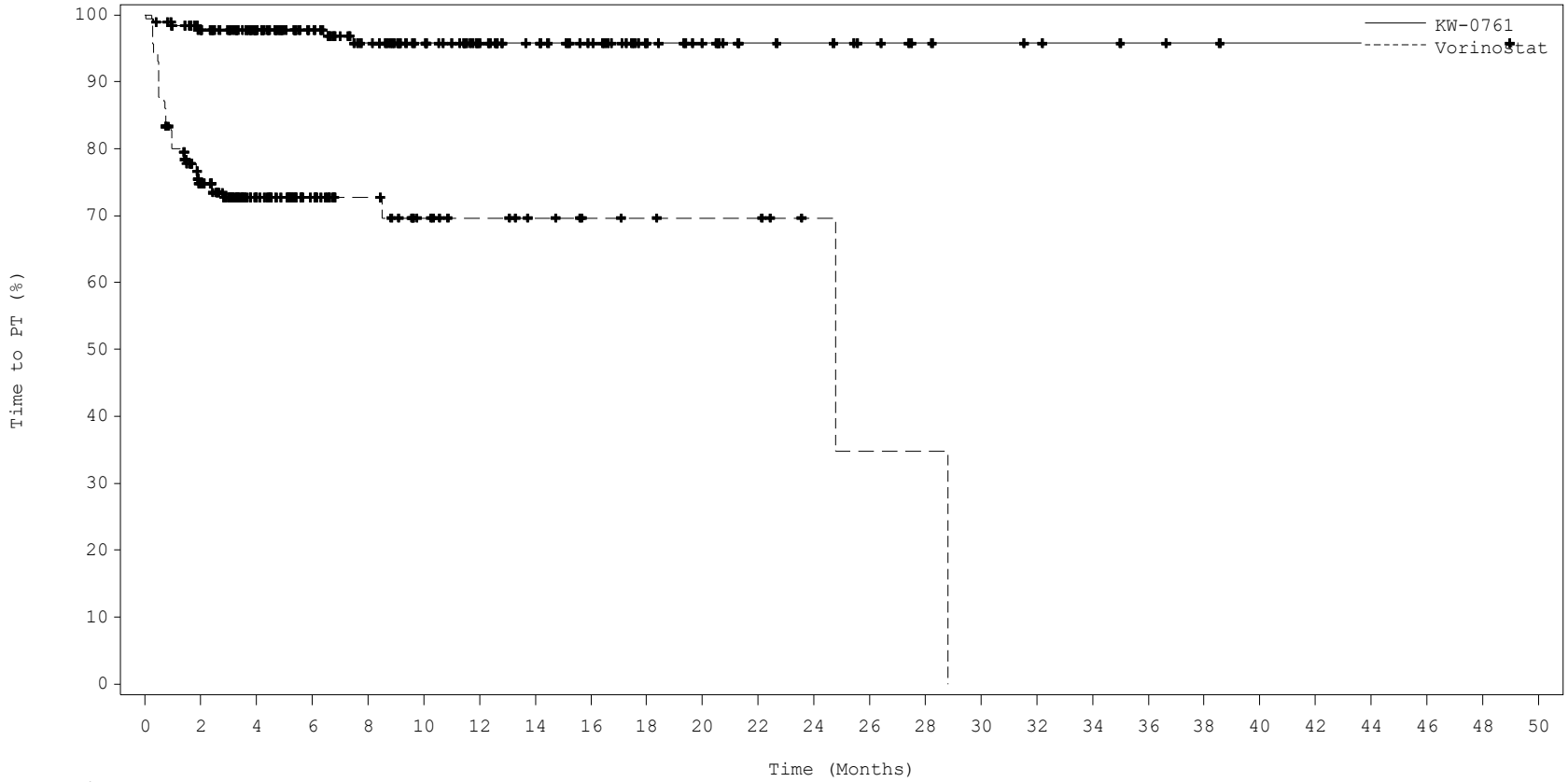
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = BLOOD CREATININE INCREASED



No. at Risk:

KW:	184	169	137	105	86	71	55	45	37	26	21	14	13	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	119	63	37	25	17	13	10	7	6	5	5	2	1	1	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

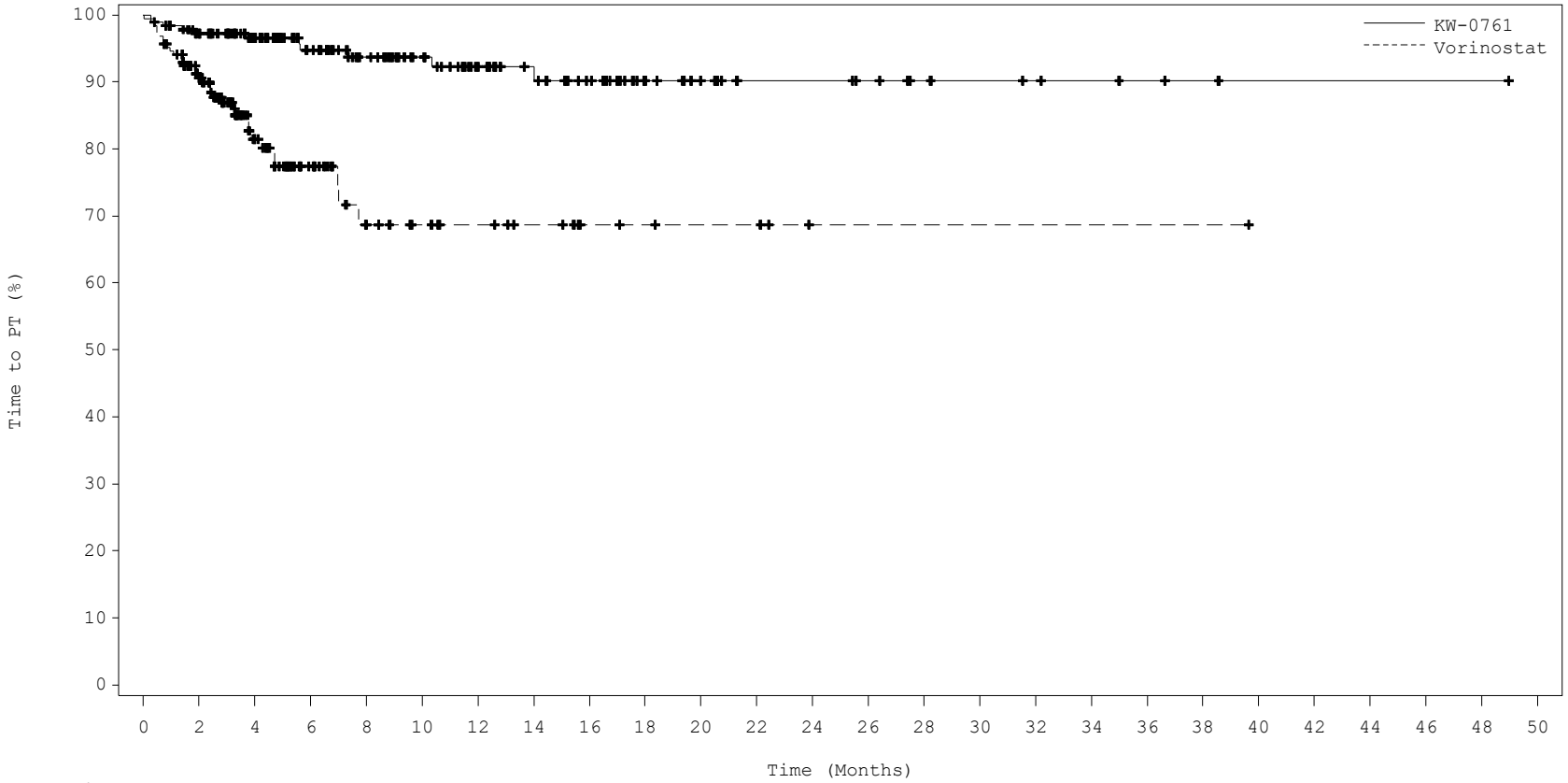
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = WEIGHT DECREASED



No. at Risk:

KW:	184	168	135	102	84	69	54	43	35	25	19	12	12	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	140	66	37	22	16	13	10	6	5	4	4	1	1	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

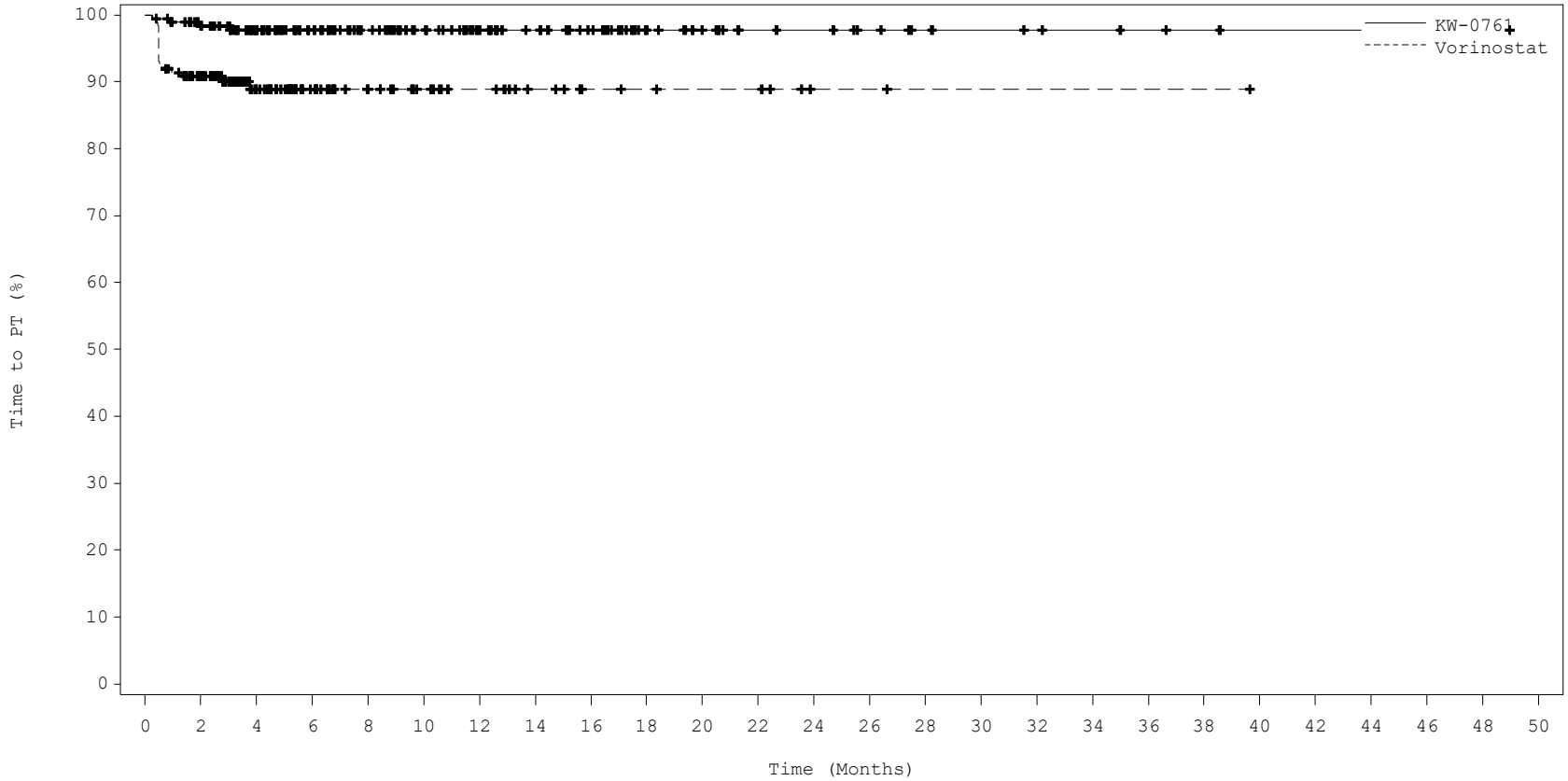
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = PLATELET COUNT DECREASED



No. at Risk:

KW:	184	170	137	107	89	75	59	47	39	27	21	14	13	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	140	73	45	31	22	17	12	8	7	6	6	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

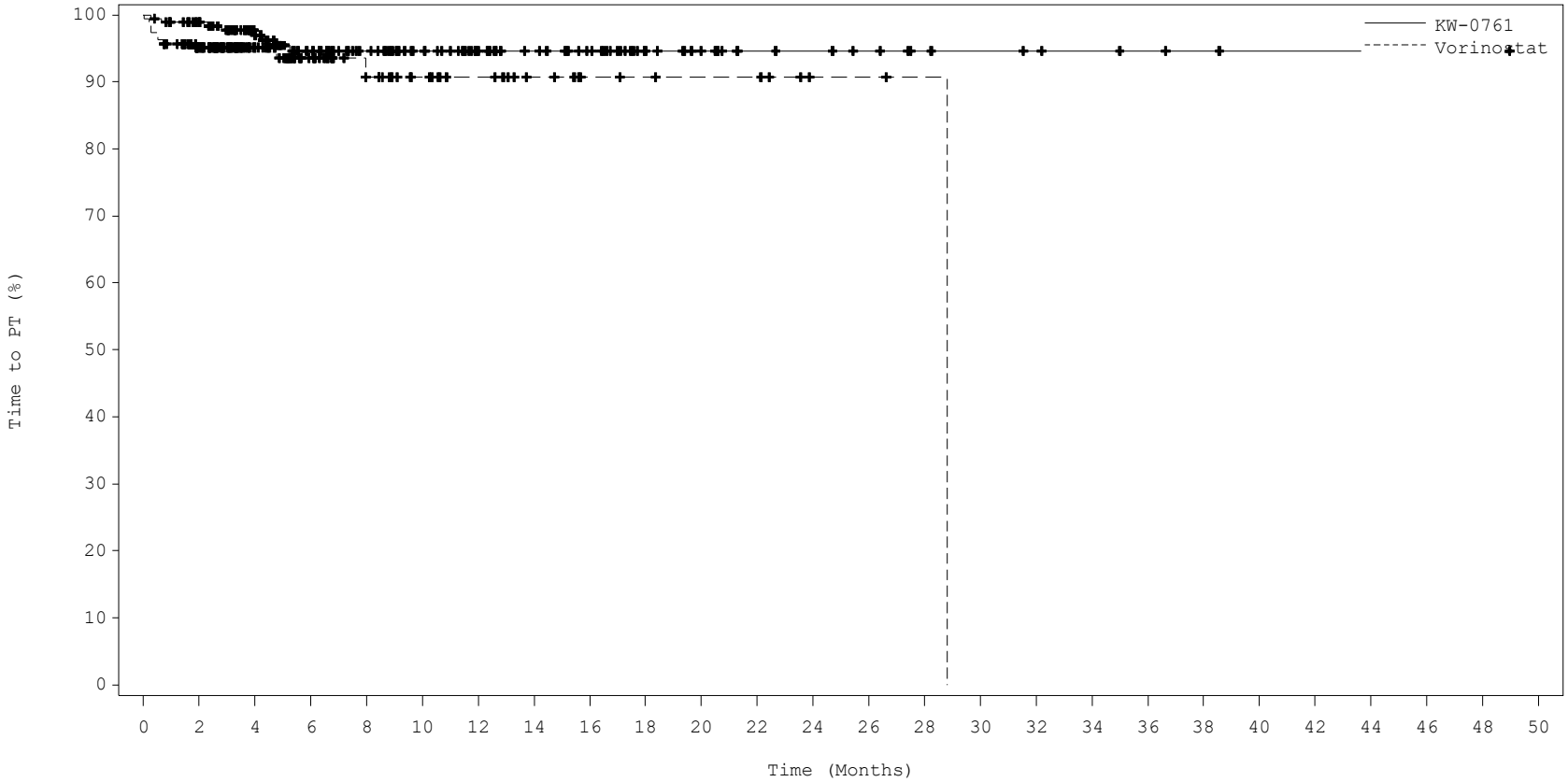
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = ASPARTATE AMINOTRANSFERASE INCREASED



No. at Risk:

KW:	184	171	136	102	85	70	56	45	38	26	20	13	12	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	147	75	45	30	22	17	12	8	7	6	6	2	2	1	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

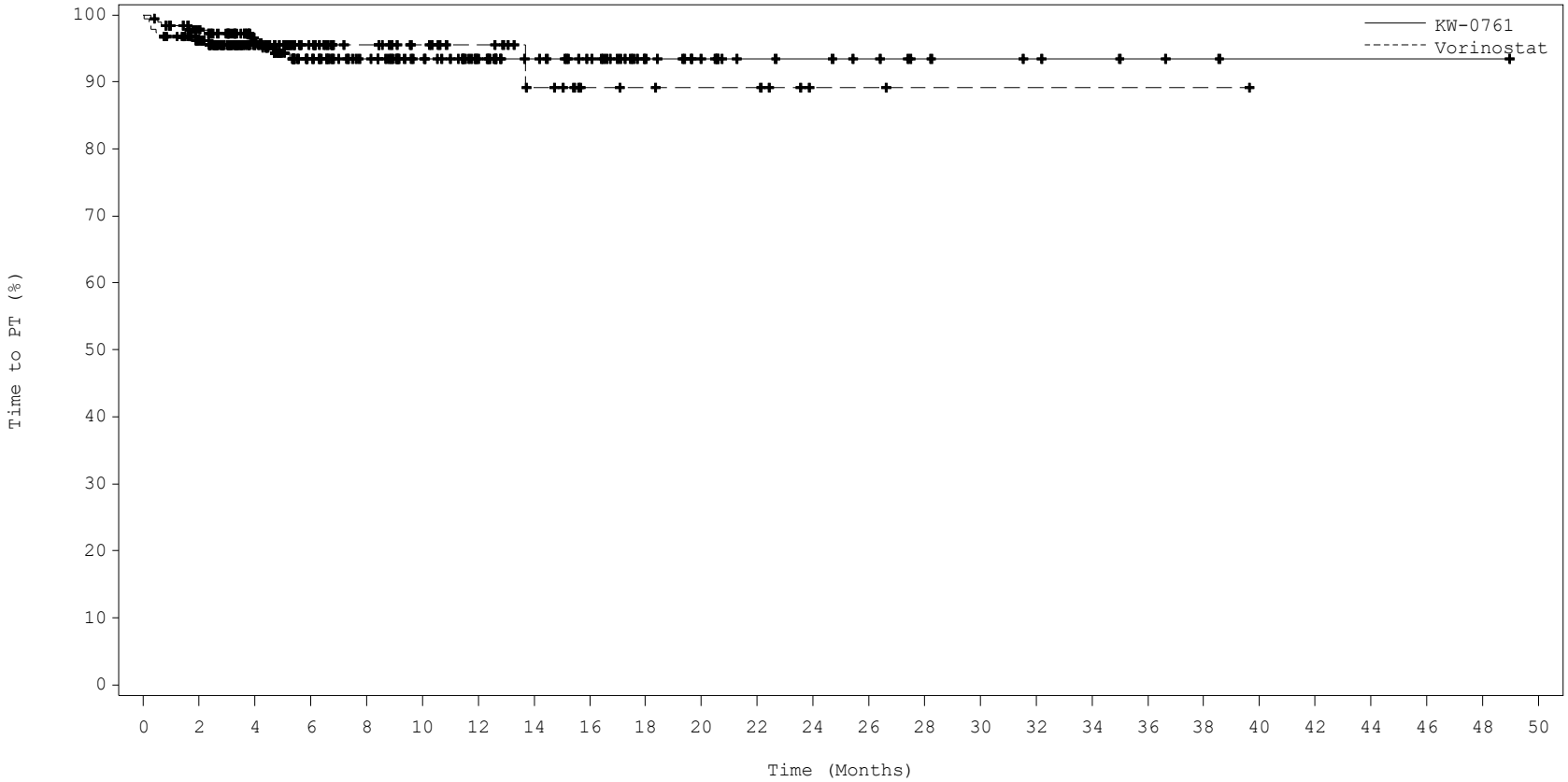
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = ALANINE AMINOTRANSFERASE INCREASED



No. at Risk:

KW:	184	169	135	100	83	69	55	44	37	25	19	13	12	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	148	75	46	32	24	19	13	8	7	6	6	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

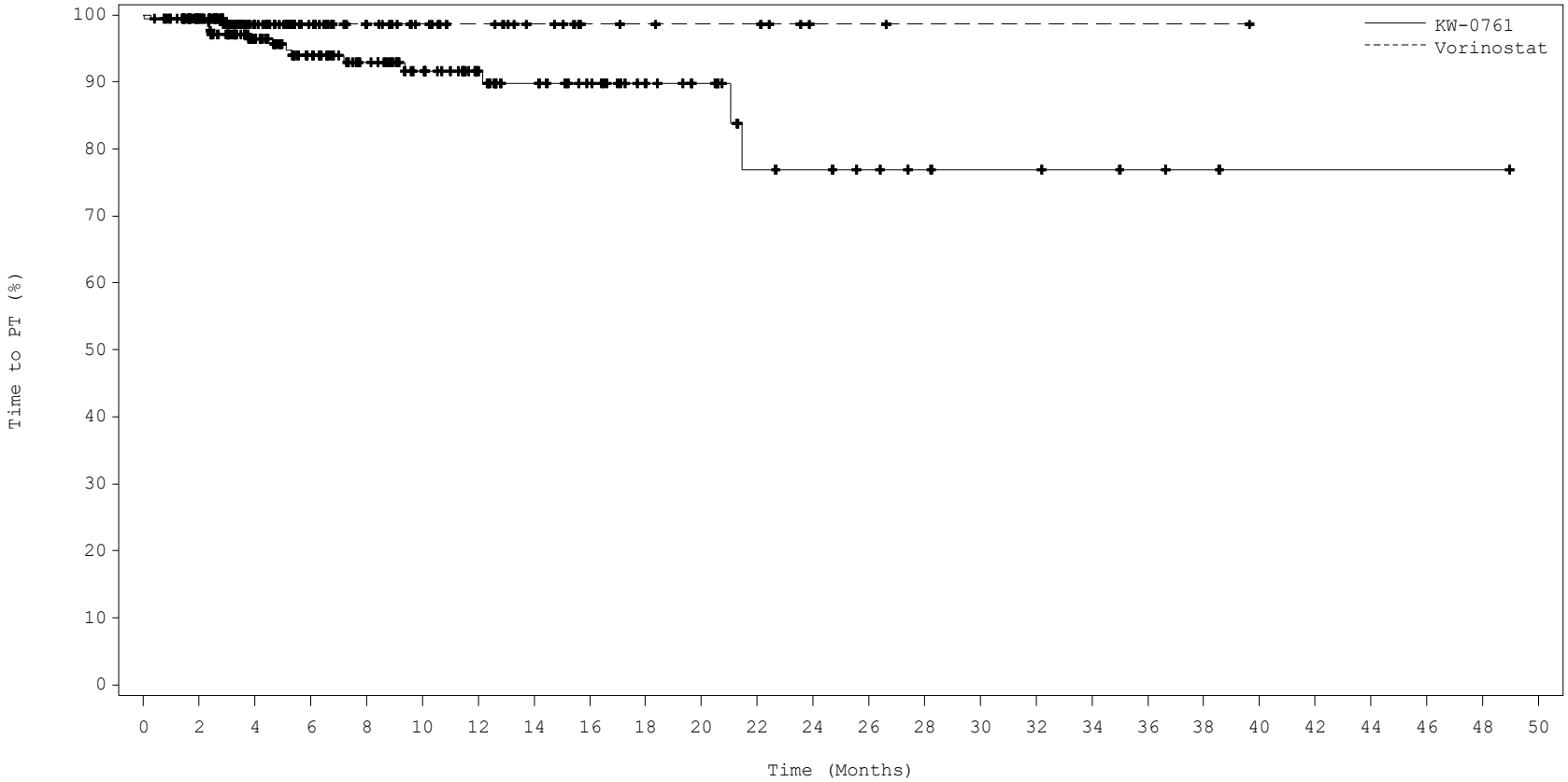
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = WEIGHT INCREASED



No. at Risk:

KW:	184	172	134	102	83	67	52	40	32	24	19	11	10	8	6	5	5	4	3	2	1	1	1	1	1	0
VOR:	186	153	78	49	33	23	18	13	8	7	6	6	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

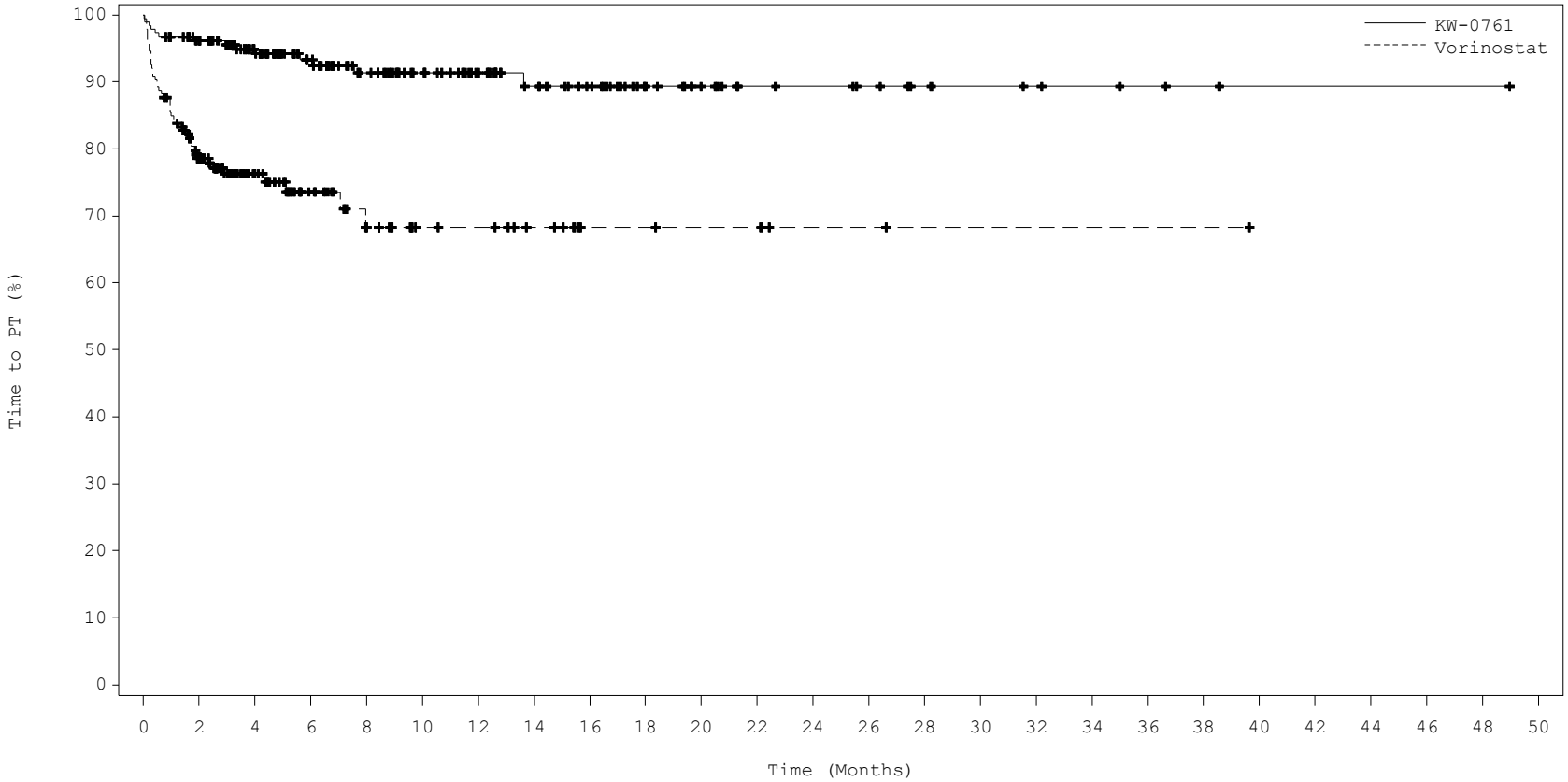
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = DECREASED APPETITE



No. at Risk:

KW:	184	167	135	103	84	69	56	43	36	25	19	13	12	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	123	64	37	24	15	14	10	5	5	4	4	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

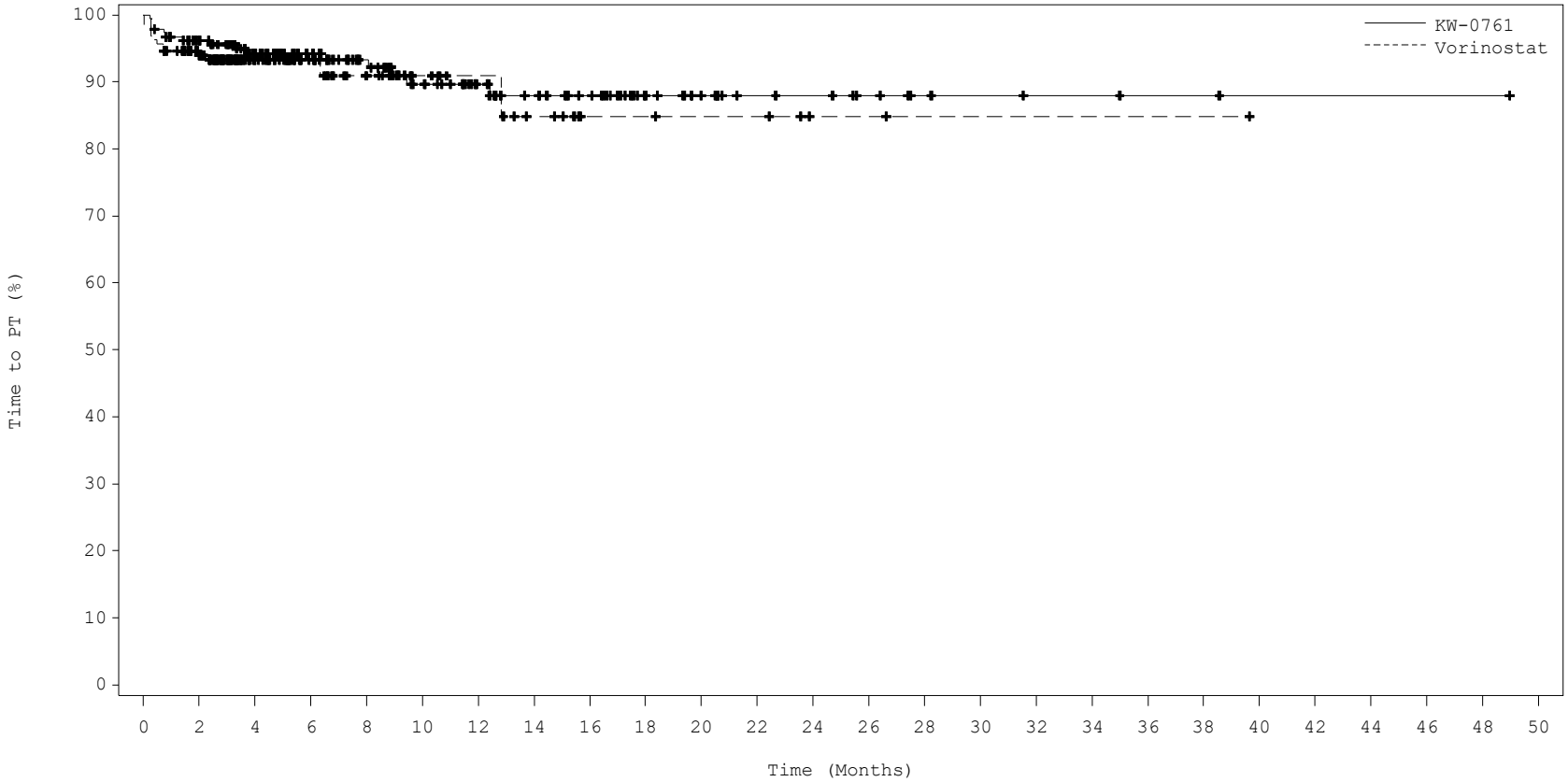
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = HYPERGLYCAEMIA



No. at Risk:

KW:	184	166	133	102	84	67	54	43	36	24	18	12	11	8	5	4	3	3	2	2	1	1	1	1	1	0
VOR:	186	145	73	45	29	19	15	11	6	6	5	5	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

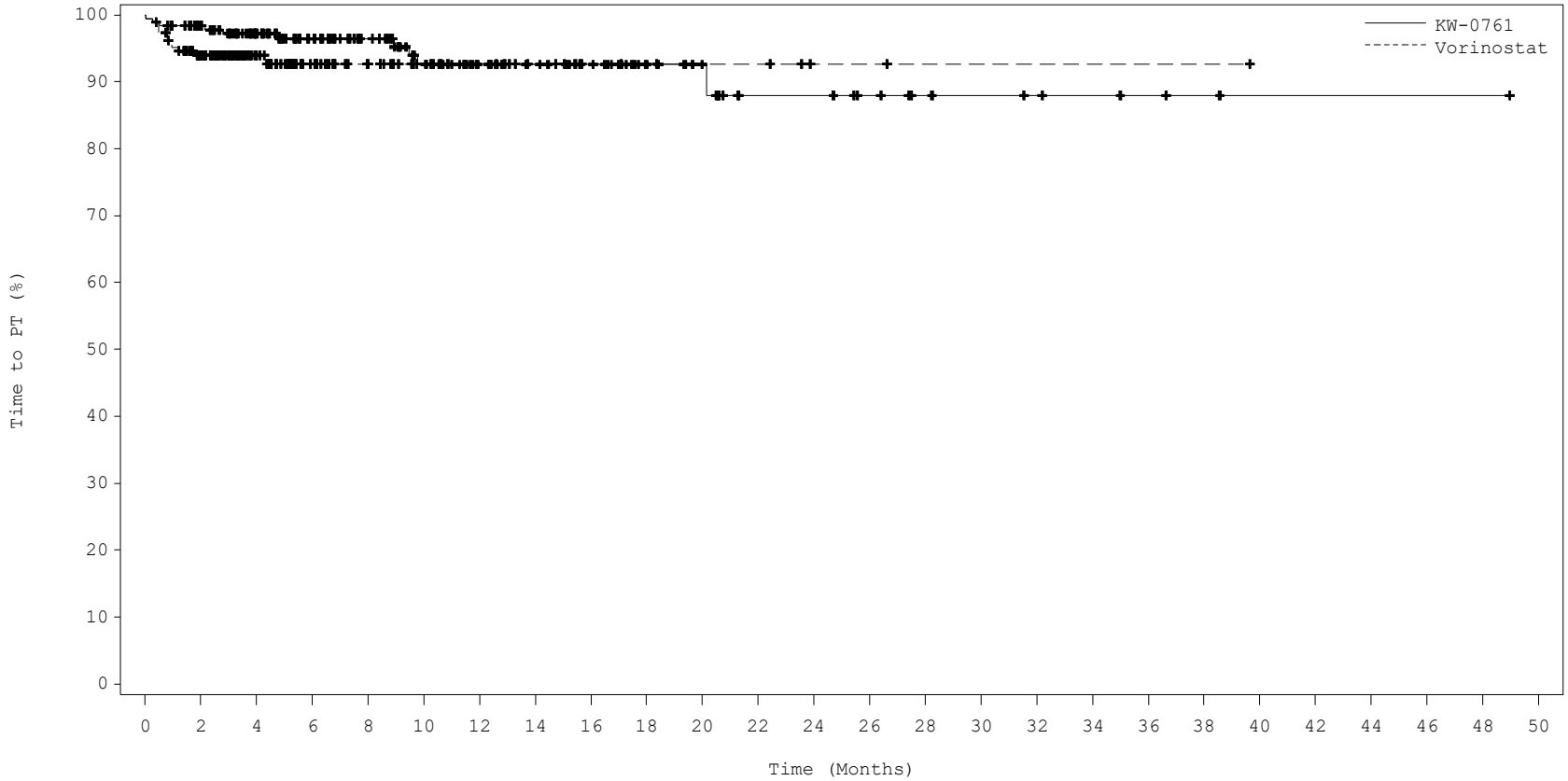
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = HYPOKALAEMIA



No. at Risk:

KW:	184	170	138	106	88	70	54	44	38	27	21	13	13	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	143	78	48	33	22	17	12	7	6	5	5	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

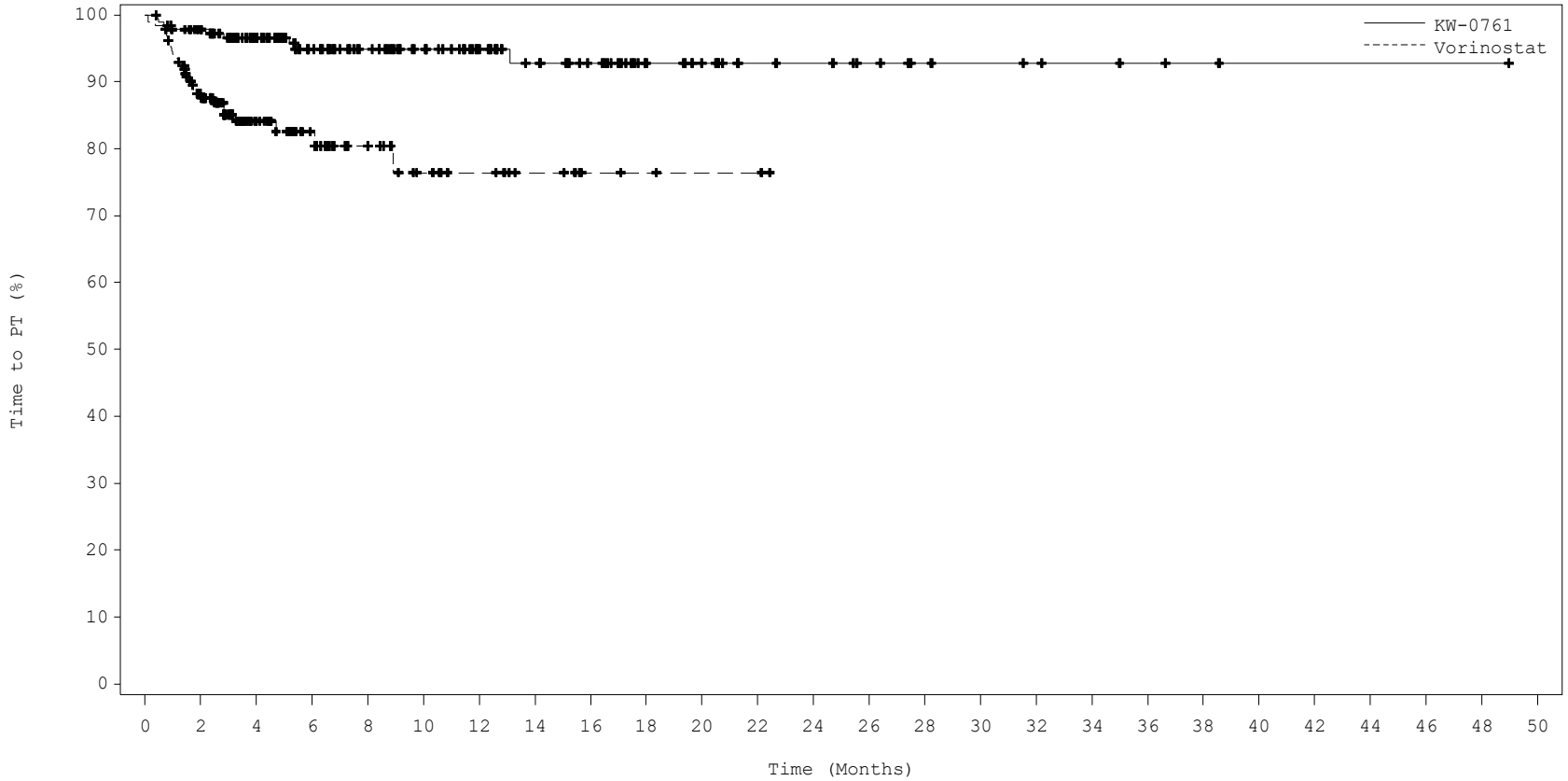
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = MUSCLE SPASMS



No. at Risk:

KW:	184	169	135	101	85	72	57	44	37	26	21	14	13	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	134	63	39	25	16	12	8	4	3	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

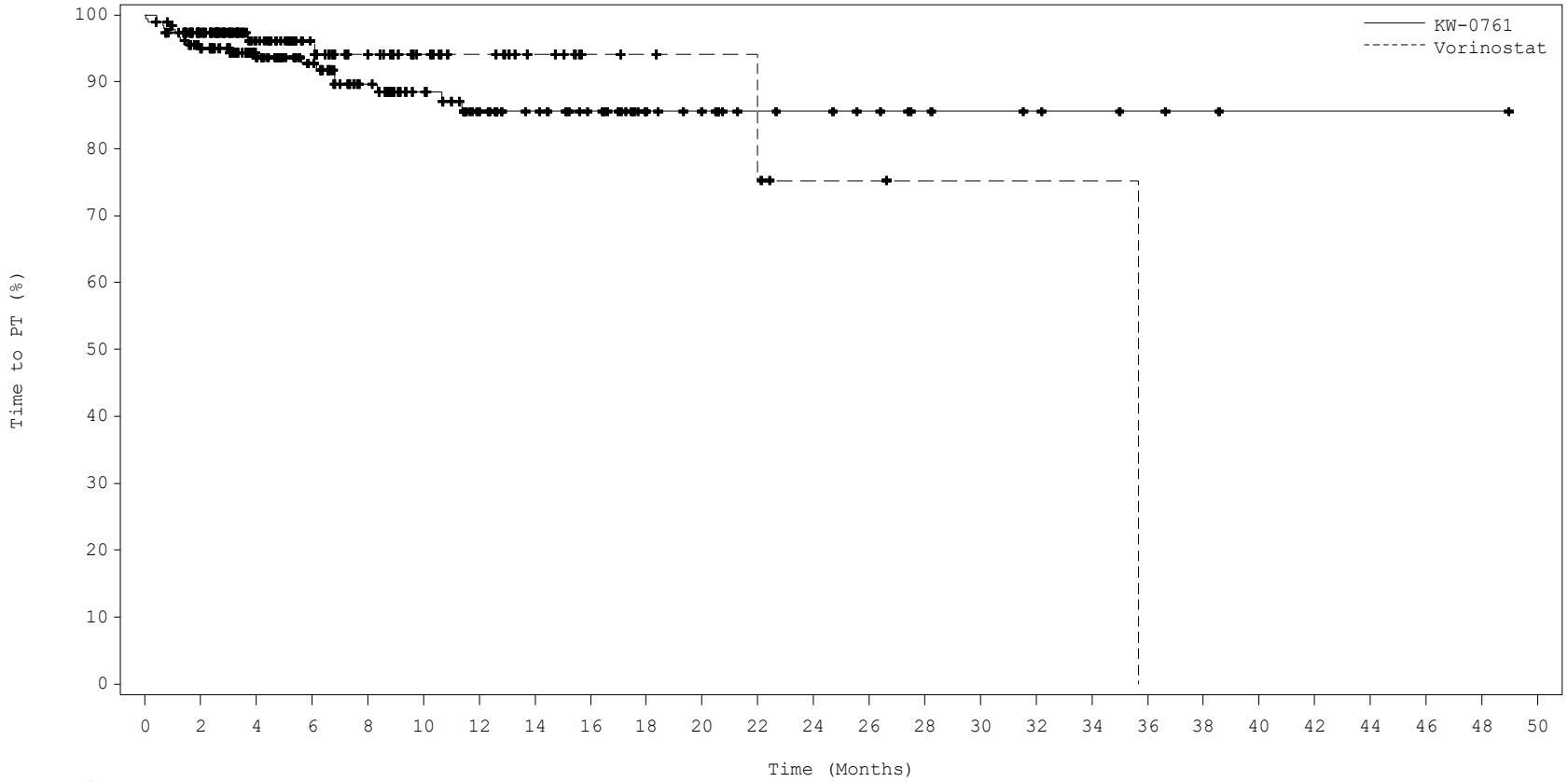
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = BACK PAIN



No. at Risk:

KW:	184	164	130	98	79	65	49	39	32	22	19	13	12	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	149	74	47	33	22	17	12	7	6	5	5	2	2	1	1	1	1	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

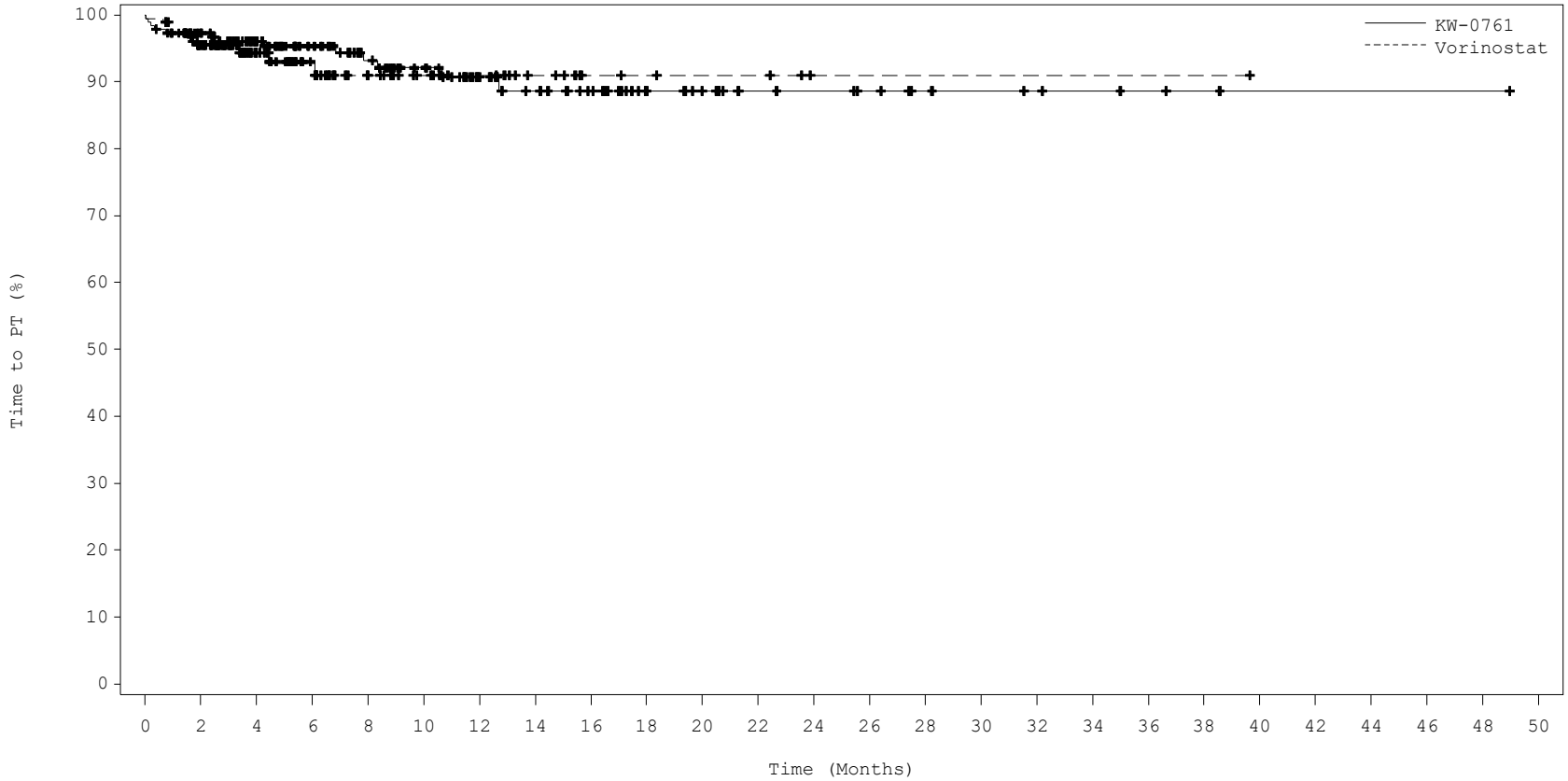
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = ARTHRALGIA



No. at Risk:

KW:	184	168	134	103	84	70	53	41	34	24	20	13	12	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	146	73	46	30	21	16	11	6	5	4	4	1	1	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

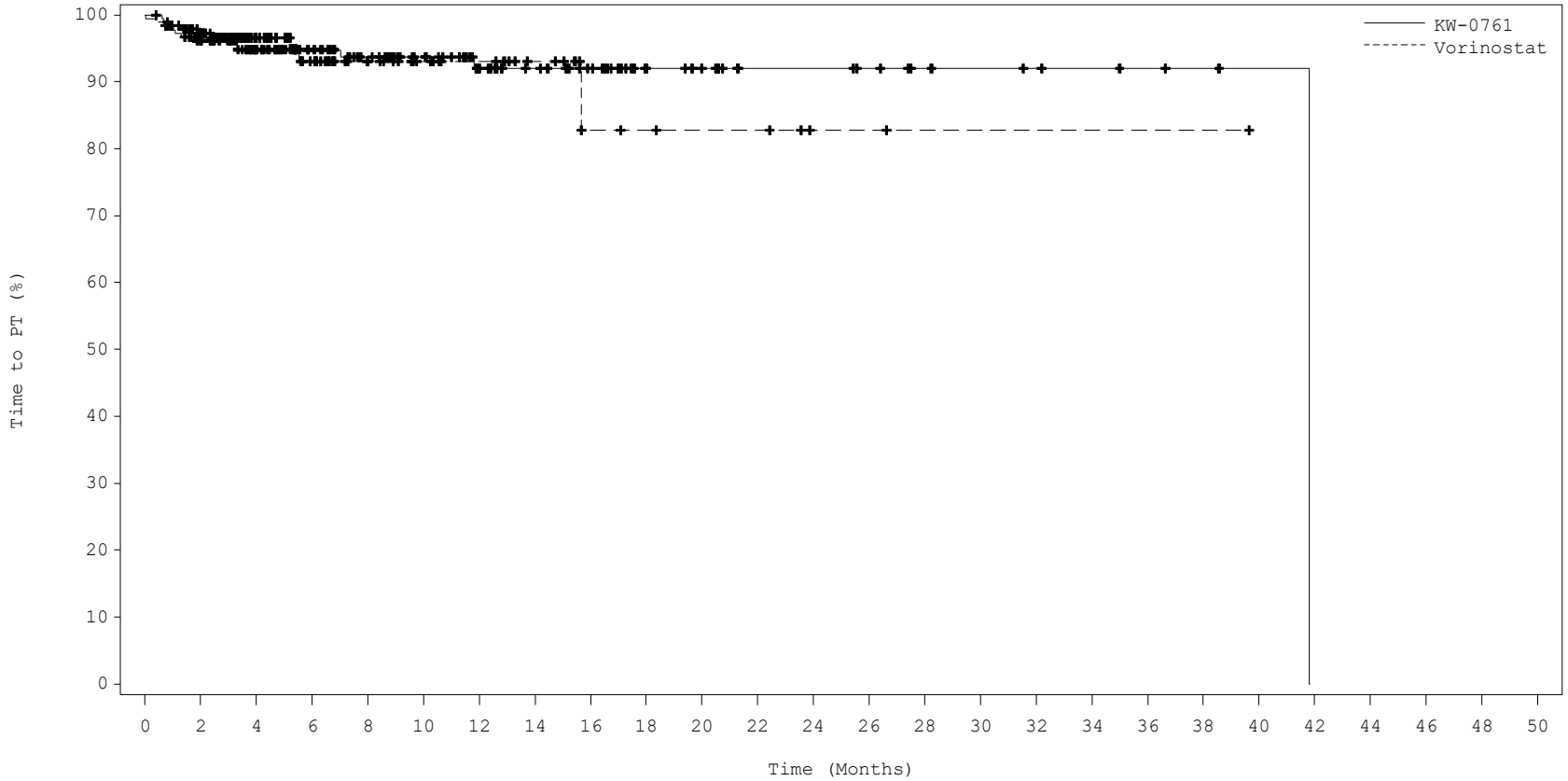
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = PAIN IN EXTREMITY



No. at Risk:

KW:	184	166	131	100	83	69	52	41	34	23	19	12	12	10	7	6	5	4	3	2	1	0	0	0	0	0
VOR:	186	149	75	46	31	22	18	13	7	6	5	5	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

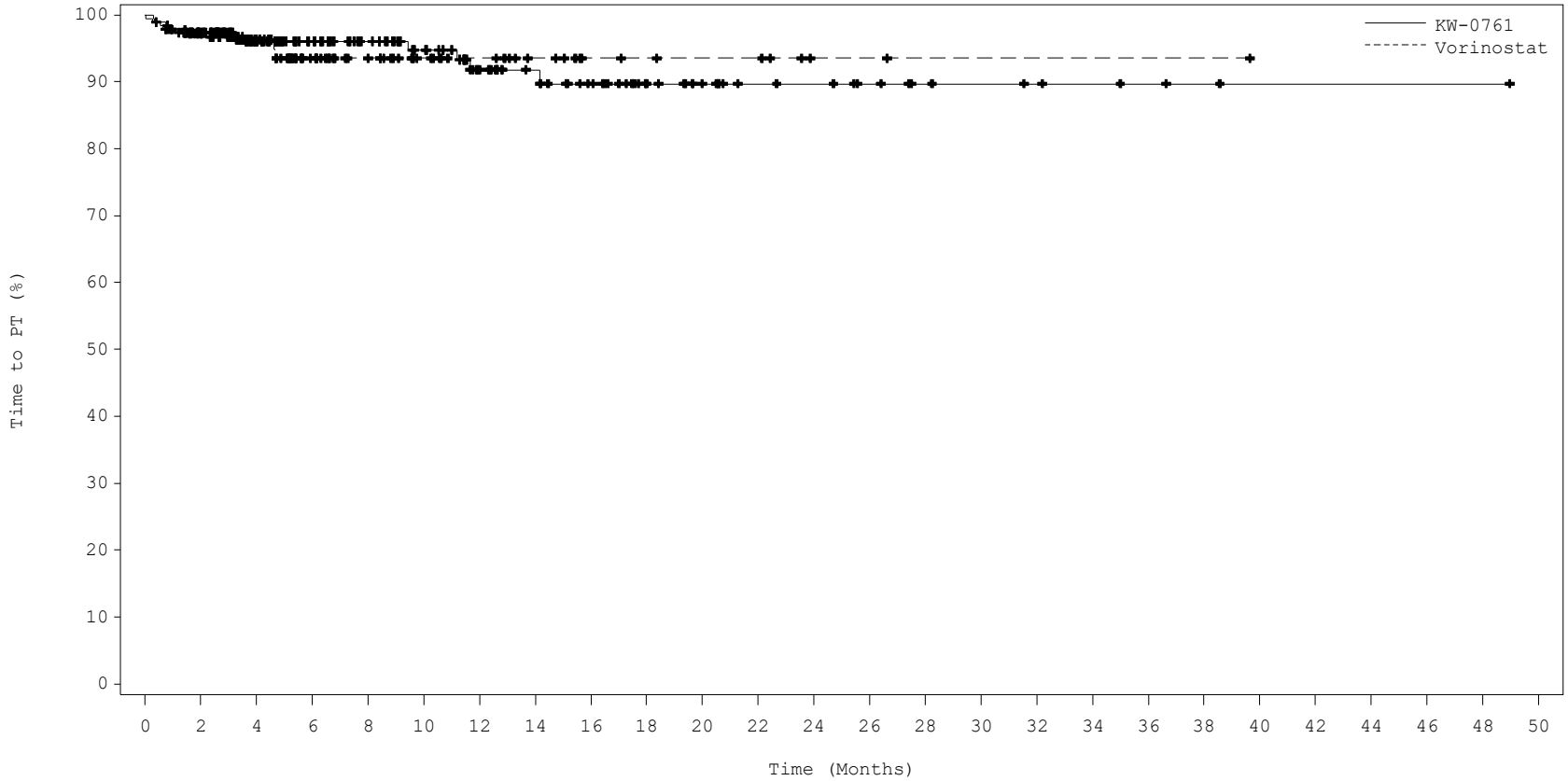
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = MYALGIA



No. at Risk:

KW:	184	168	134	103	87	73	56	44	36	26	20	14	13	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	149	76	47	34	23	18	13	8	7	6	6	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

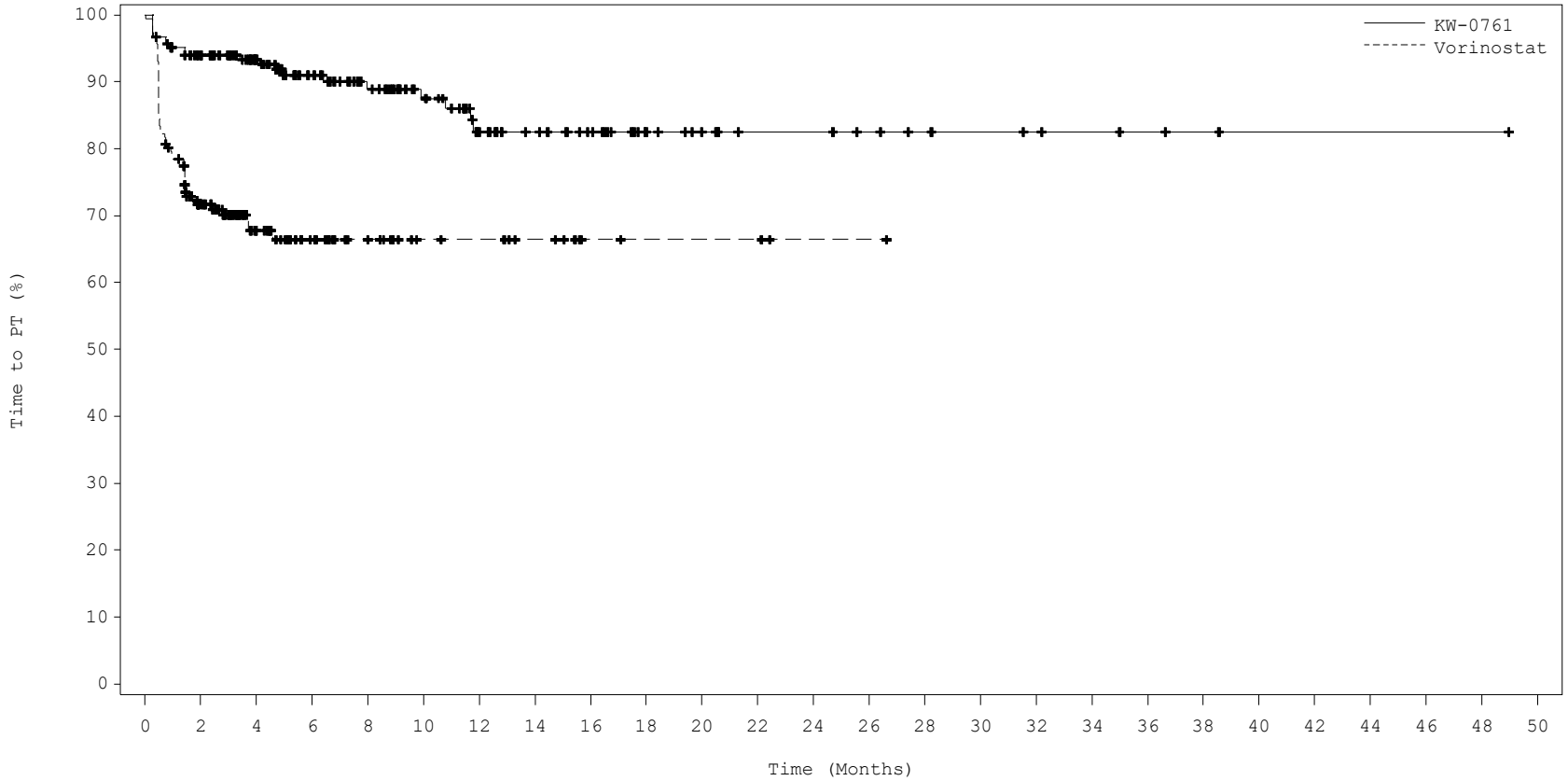
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = THROMBOCYTOPENIA



No. at Risk:

KW:	184	163	131	97	79	63	45	35	29	20	16	11	11	9	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	108	56	34	22	13	12	9	4	3	3	3	1	1	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

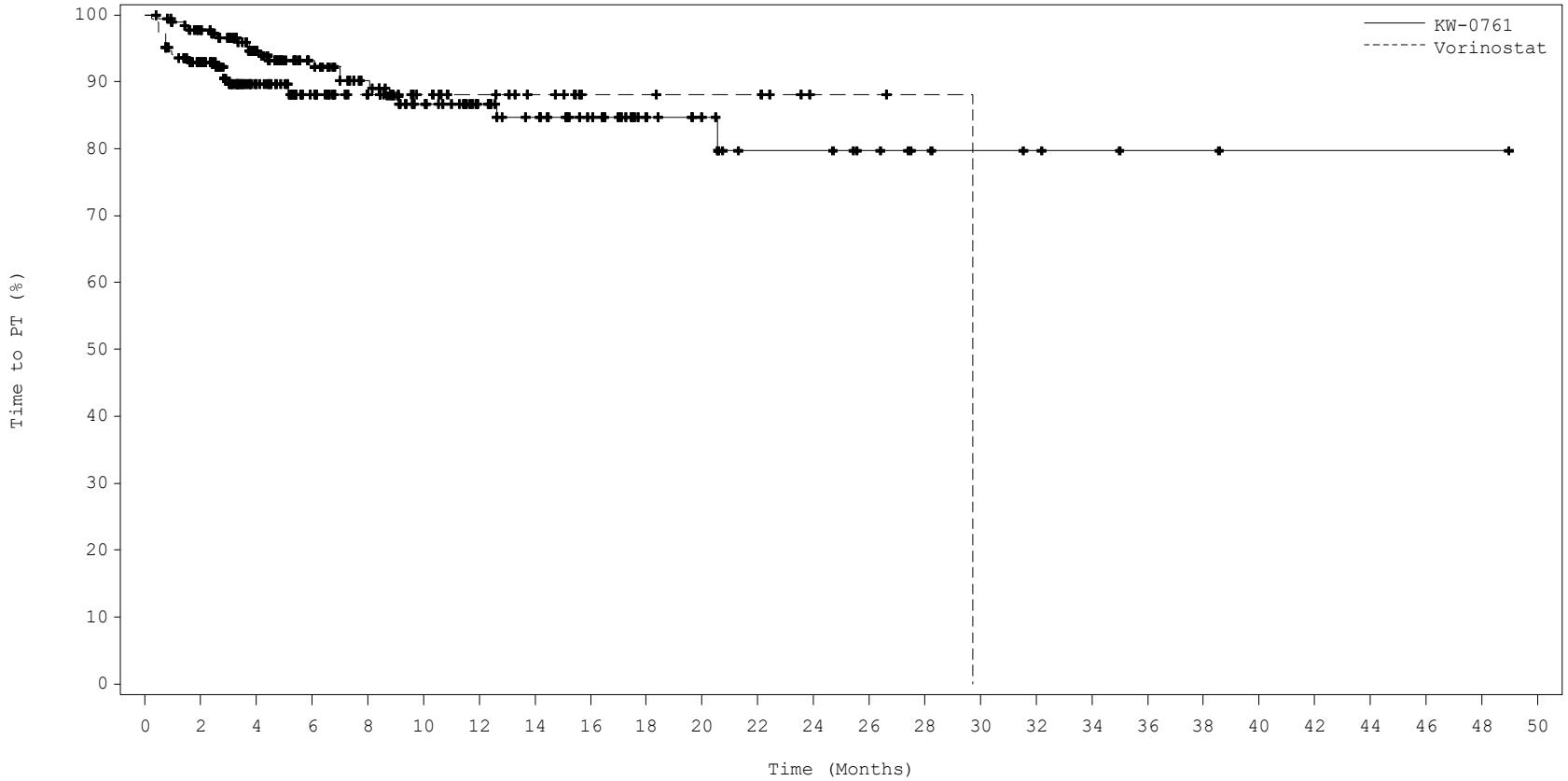
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = ANAEMIA



No. at Risk:

KW:	184	170	133	100	82	64	48	40	32	23	19	12	12	9	6	5	4	3	2	2	1	1	1	1	1	0
VOR:	186	141	74	45	30	20	16	12	7	7	6	6	2	2	1	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

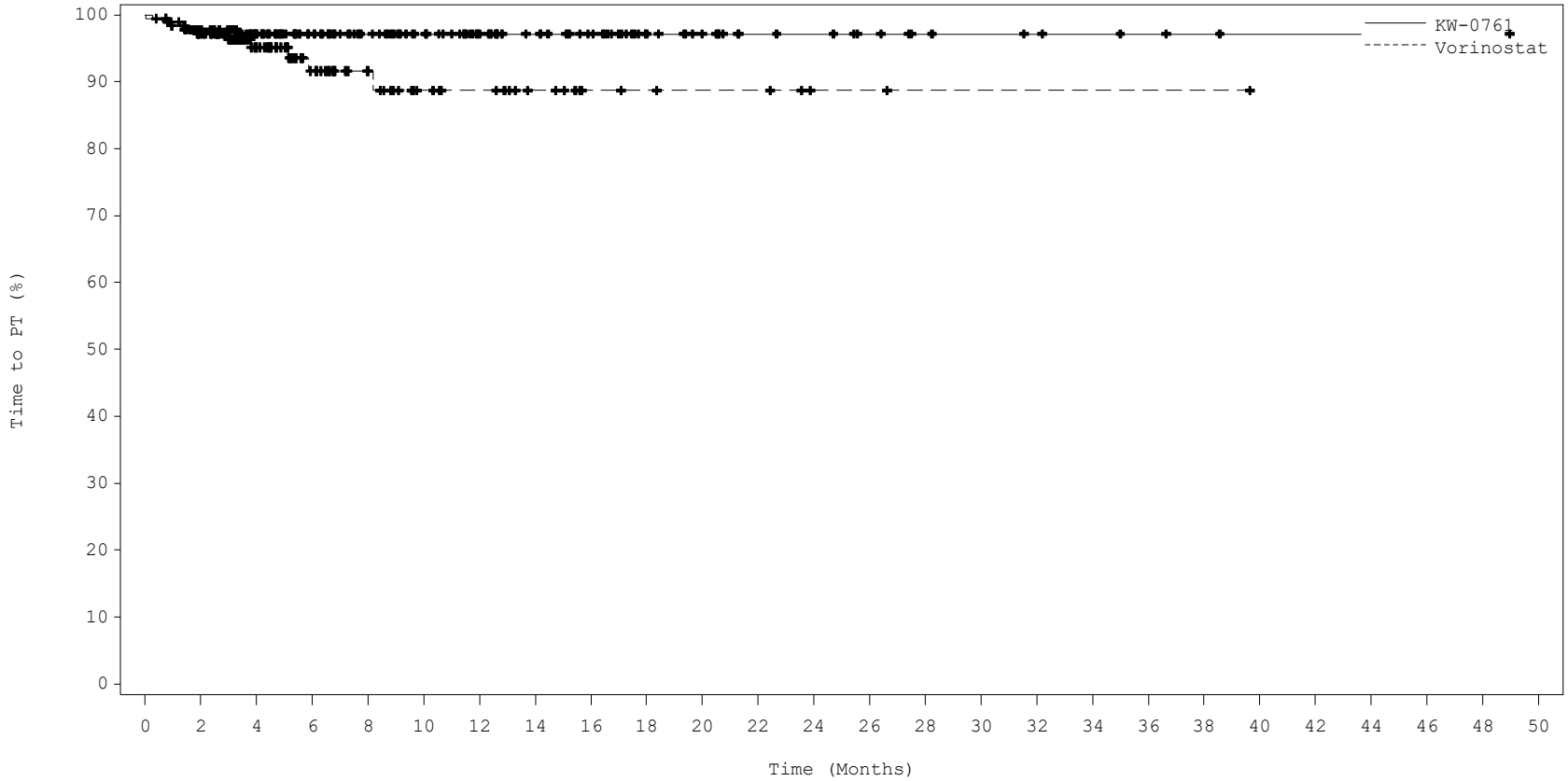
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = NEUTROPENIA



No. at Risk:

KW:	184	169	137	105	87	74	58	46	38	26	21	14	13	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	151	77	46	32	20	17	12	7	6	5	5	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

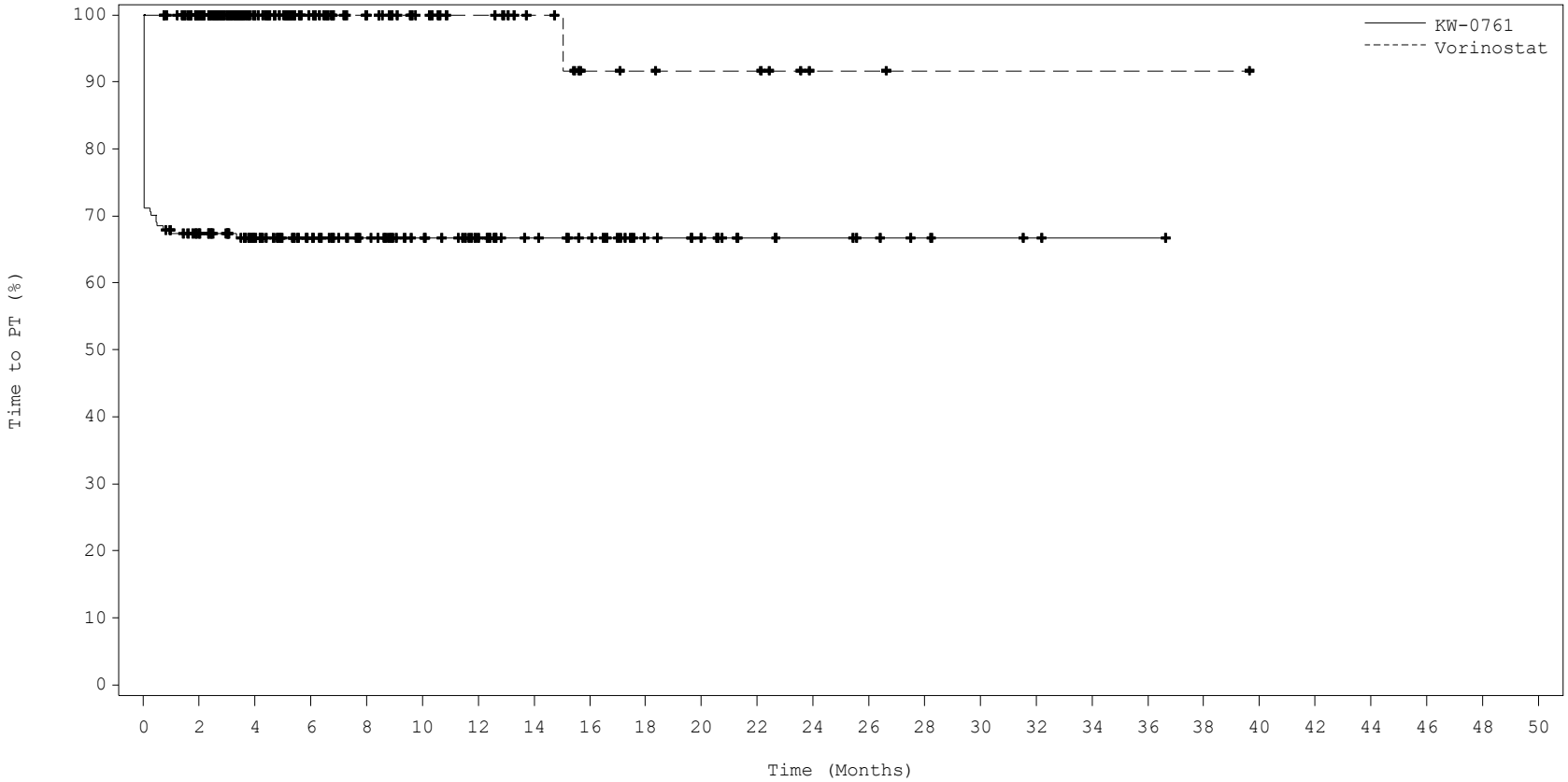
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = INFUSION RELATED REACTION



No. at Risk:

KW:	184	116	94	73	61	51	41	31	27	18	15	9	8	6	4	3	2	1	1	0	0	0	0	0	0
VOR:	186	154	79	50	34	23	18	13	8	7	6	6	2	2	1	1	1	1	1	1	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

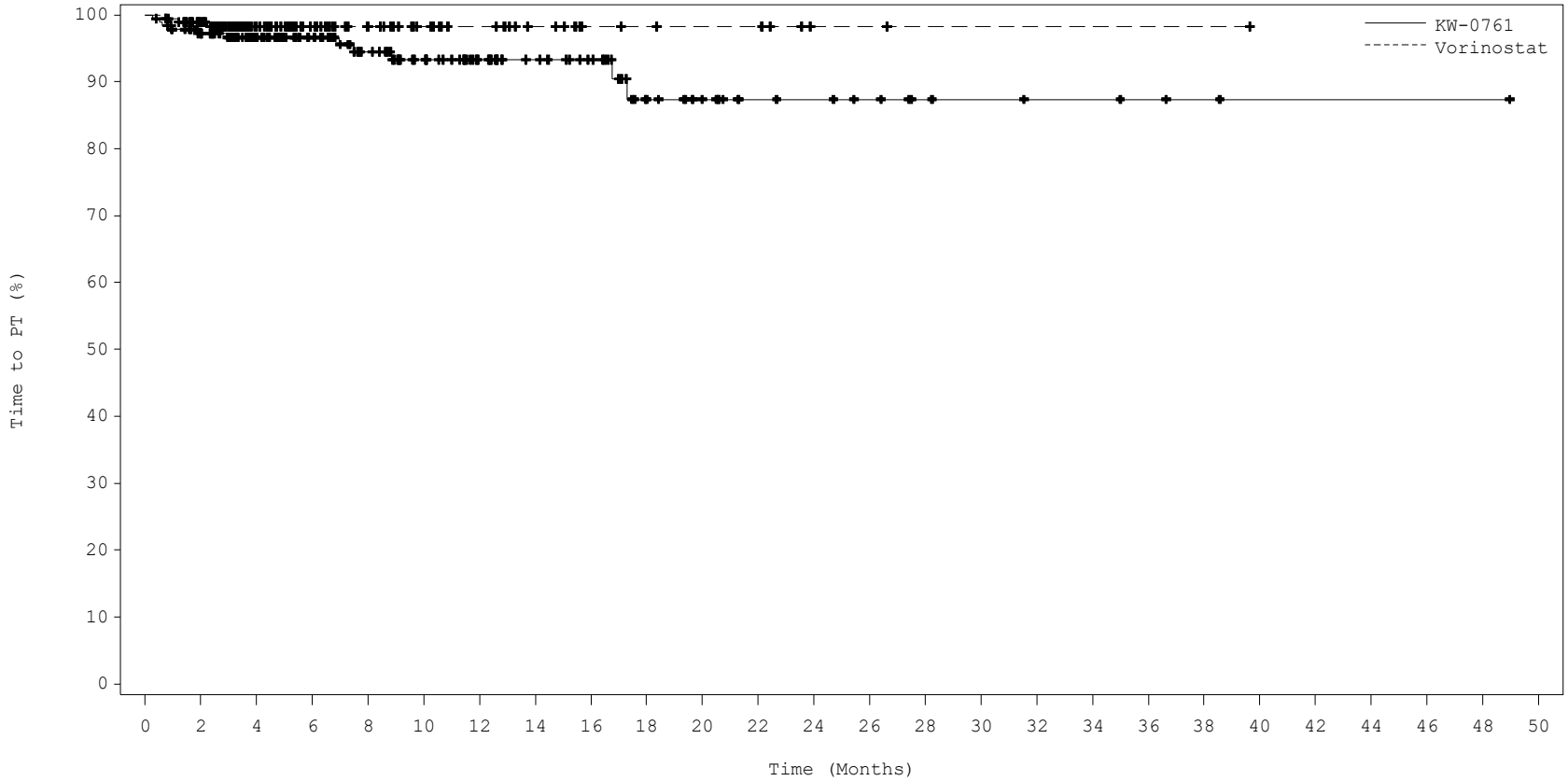
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = FALL



No. at Risk:

KW:	184	168	136	104	84	70	54	44	38	25	19	12	11	9	6	5	4	4	3	2	1	1	1	1	1	0
VOR:	186	152	79	50	34	23	18	13	8	7	6	6	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

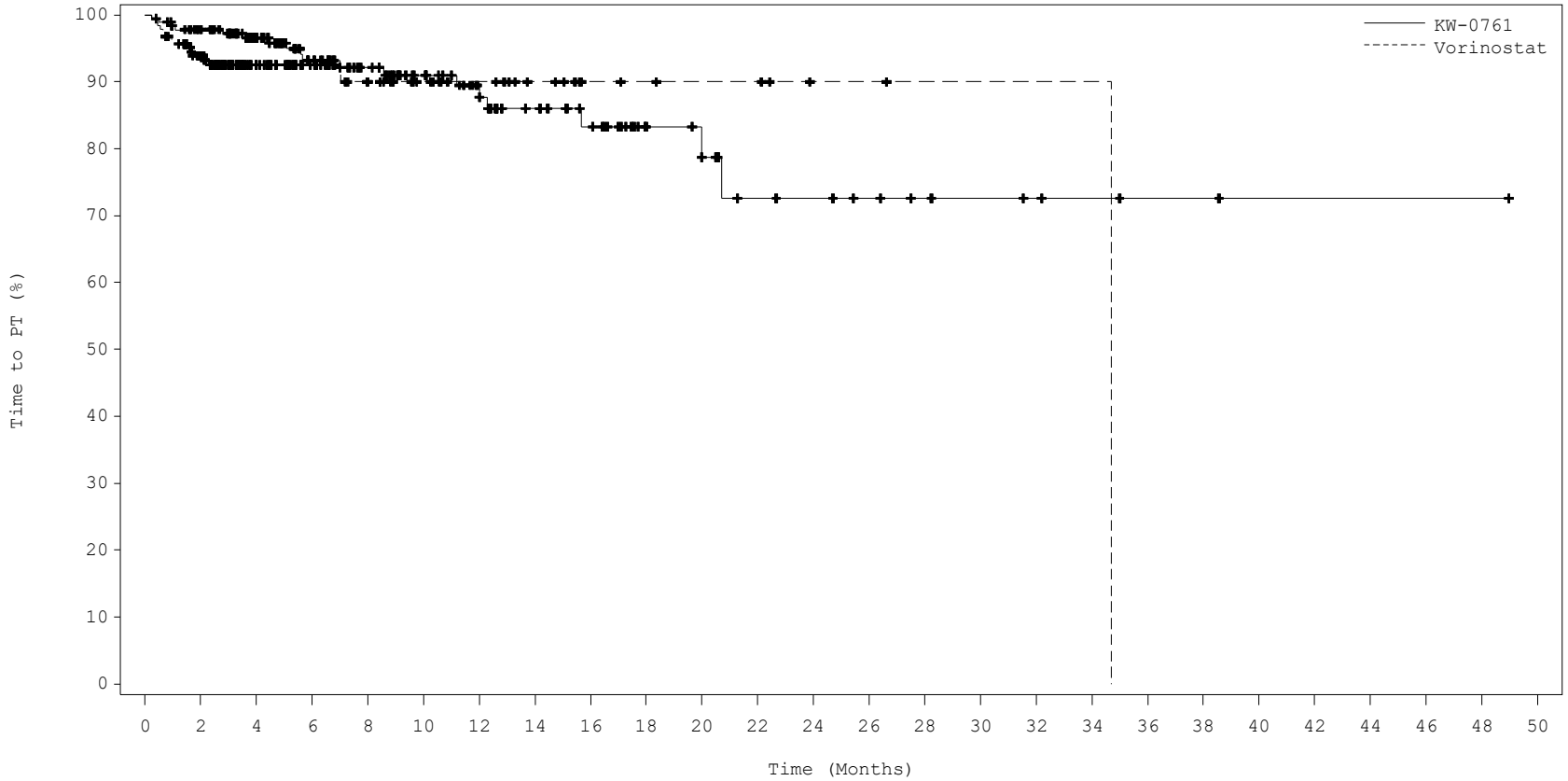
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = COUGH



No. at Risk:

KW:	184	169	135	101	83	67	52	38	31	20	18	11	10	8	6	5	4	3	2	2	1	1	1	1	1	0
VOR:	186	145	74	48	32	22	17	12	7	6	5	5	2	2	1	1	1	1	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

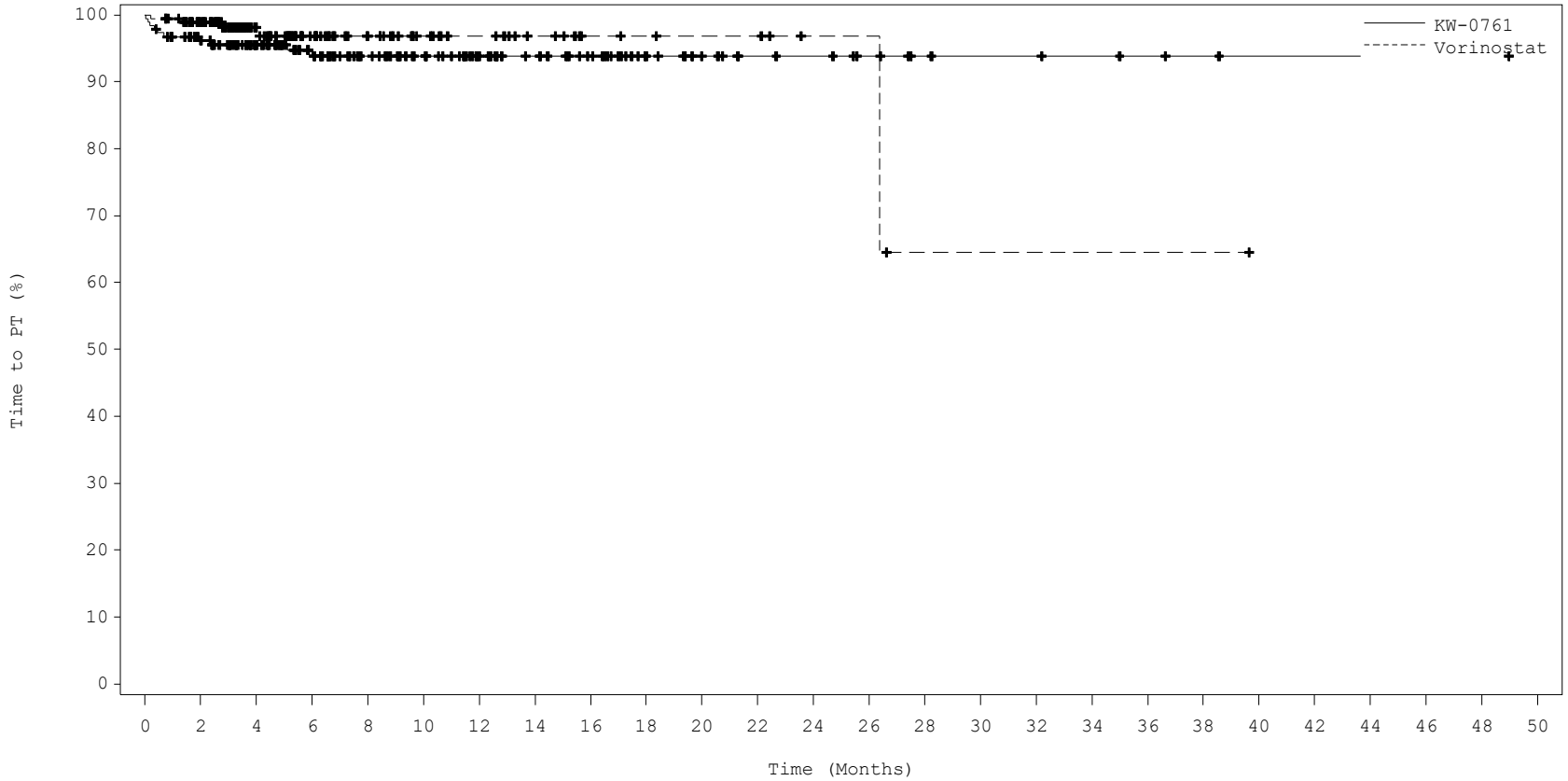
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = OROPHARYNGEAL PAIN



No. at Risk:

KW:	184	167	134	102	83	71	55	43	35	24	18	13	12	9	6	5	5	4	3	2	1	1	1	1	1	0
VOR:	186	152	77	49	34	23	18	13	8	7	6	6	3	3	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

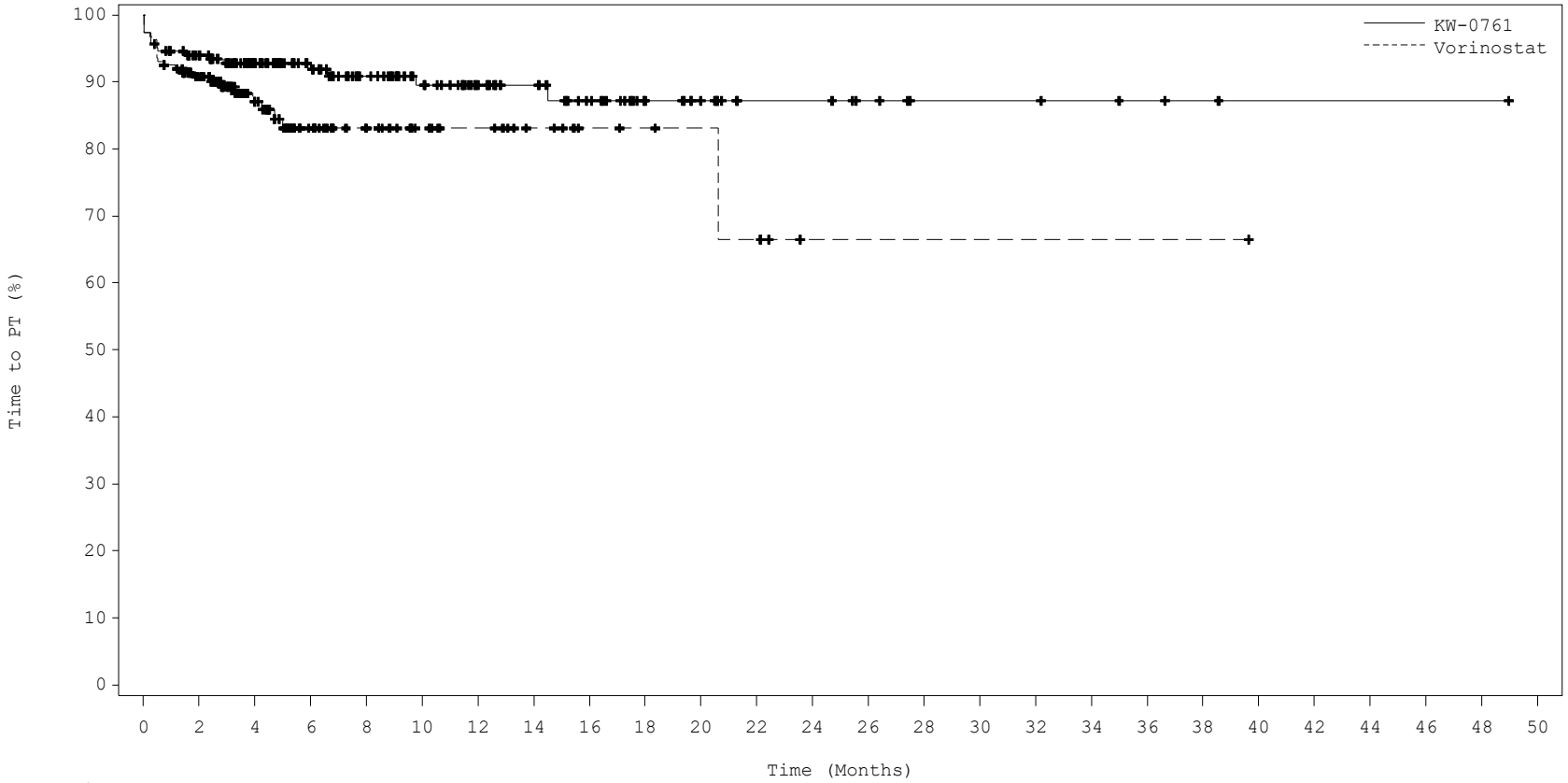
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = HYPERTENSION



No. at Risk:

KW:	184	163	129	100	81	66	51	42	33	23	18	11	11	8	5	5	5	4	3	2	1	1	1	1	1	0
VOR:	186	140	73	44	30	20	16	11	7	6	5	4	1	1	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

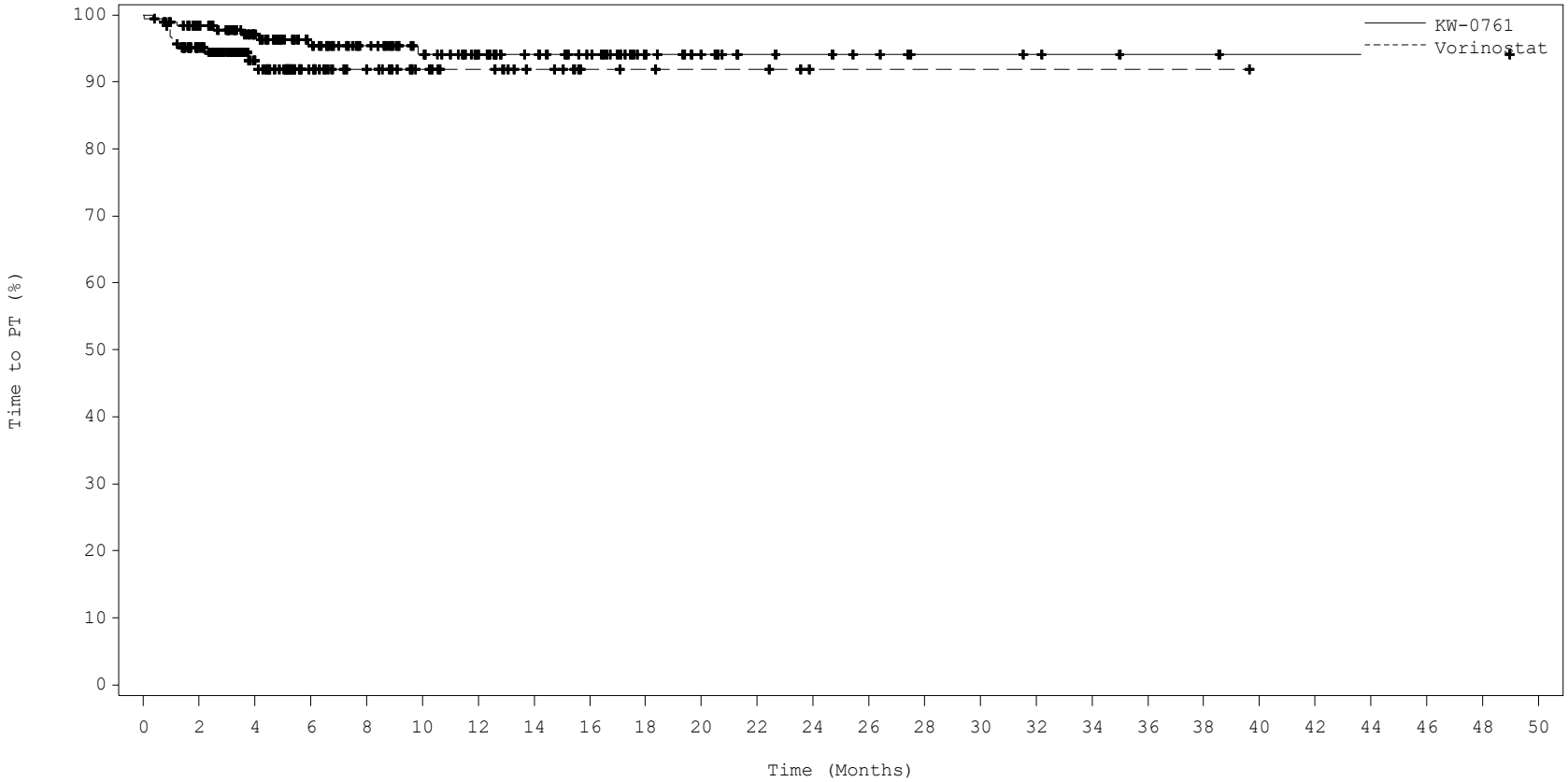
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = VISION BLURRED



No. at Risk:

KW:	184	170	135	102	85	71	56	44	36	24	18	11	10	8	5	5	4	3	2	2	1	1	1	1	1	0
VOR:	186	146	71	42	31	20	16	11	6	5	4	4	1	1	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

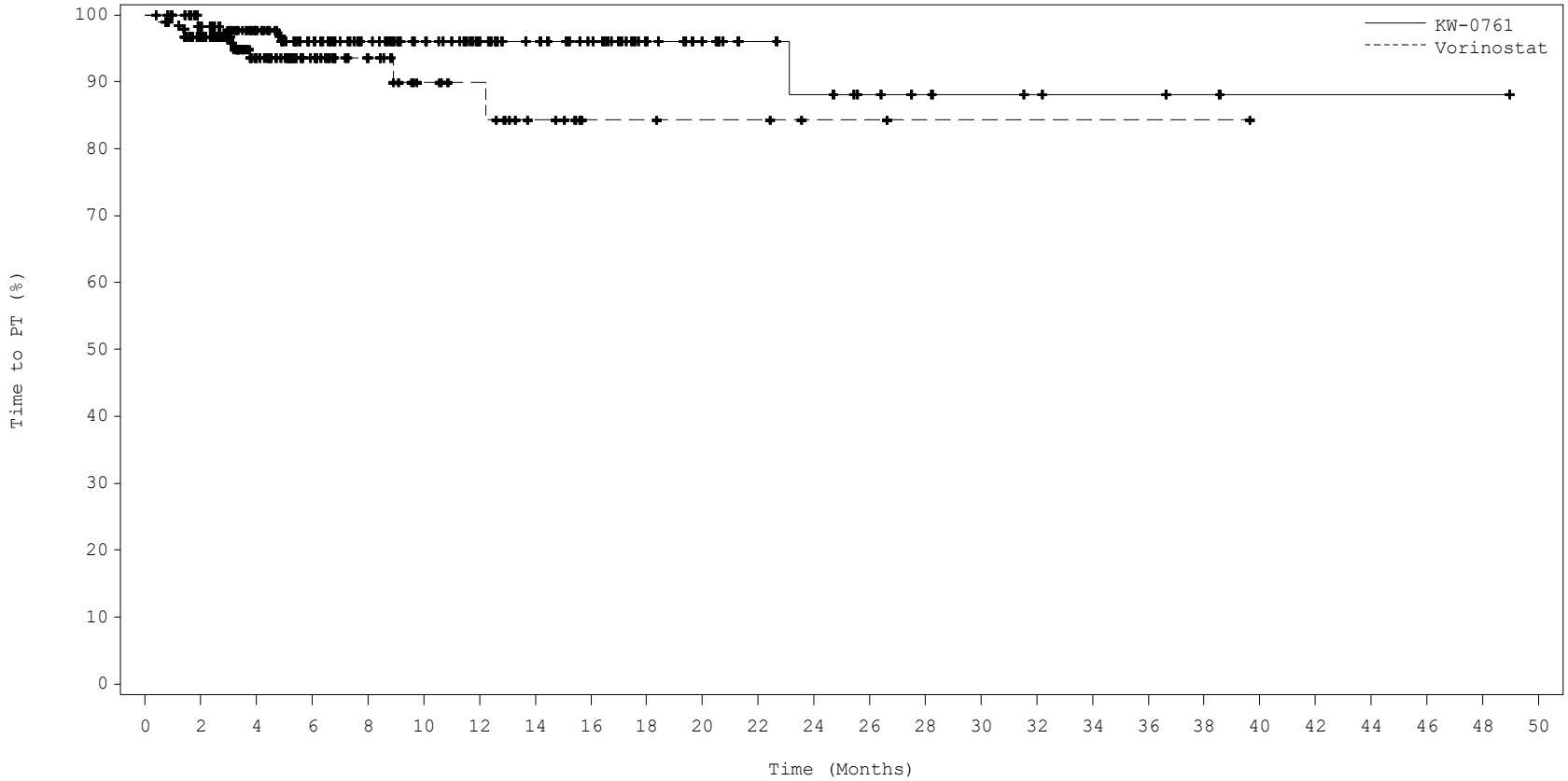
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = DRY EYE



No. at Risk:

KW:	184	170	136	102	85	71	58	46	38	26	20	13	11	8	6	5	4	3	3	2	1	1	1	1	1	0
VOR:	186	148	74	46	30	19	16	10	5	5	4	4	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

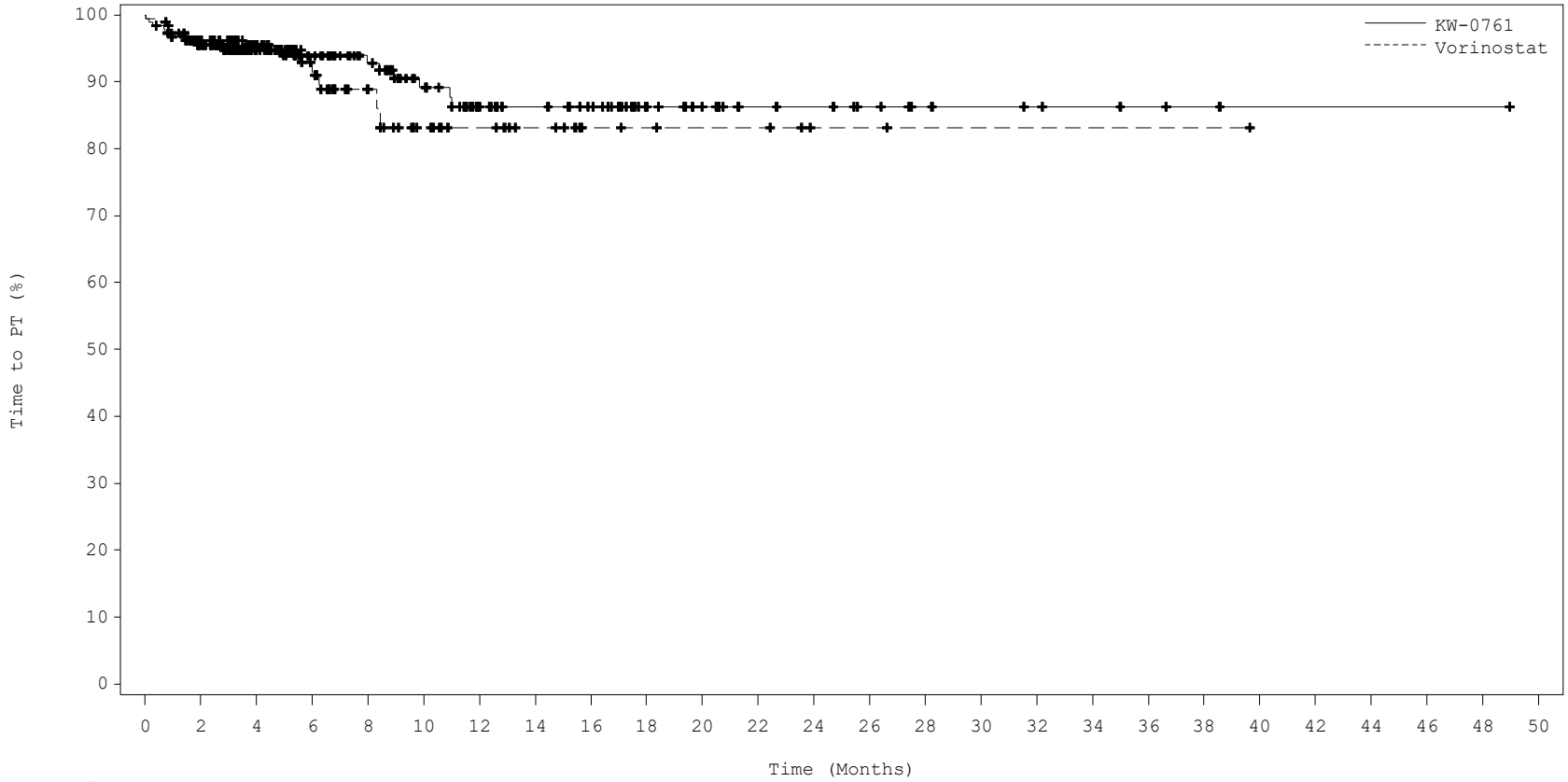
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = INSOMNIA



No. at Risk:

KW:	184	166	132	101	85	67	51	43	38	27	21	14	13	10	7	6	5	4	3	2	1	1	1	1	1	0
VOR:	186	148	75	48	32	21	16	12	7	6	5	5	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

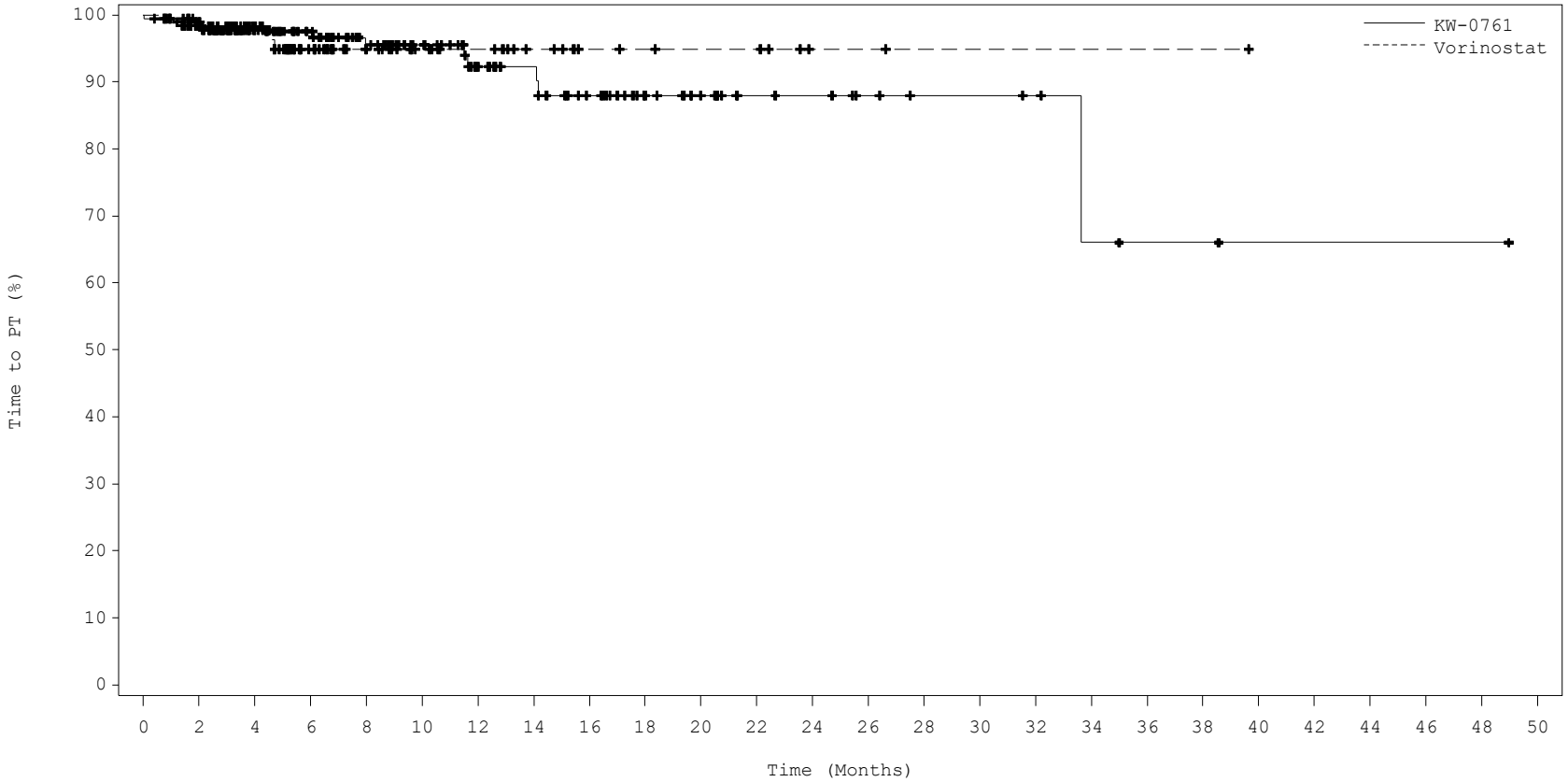
Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 11OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to PT Reported by >= 5% of Subjects in Either Treatment Group
During Randomized Treatment Period in Safety Analysis Set

PT = DEPRESSION



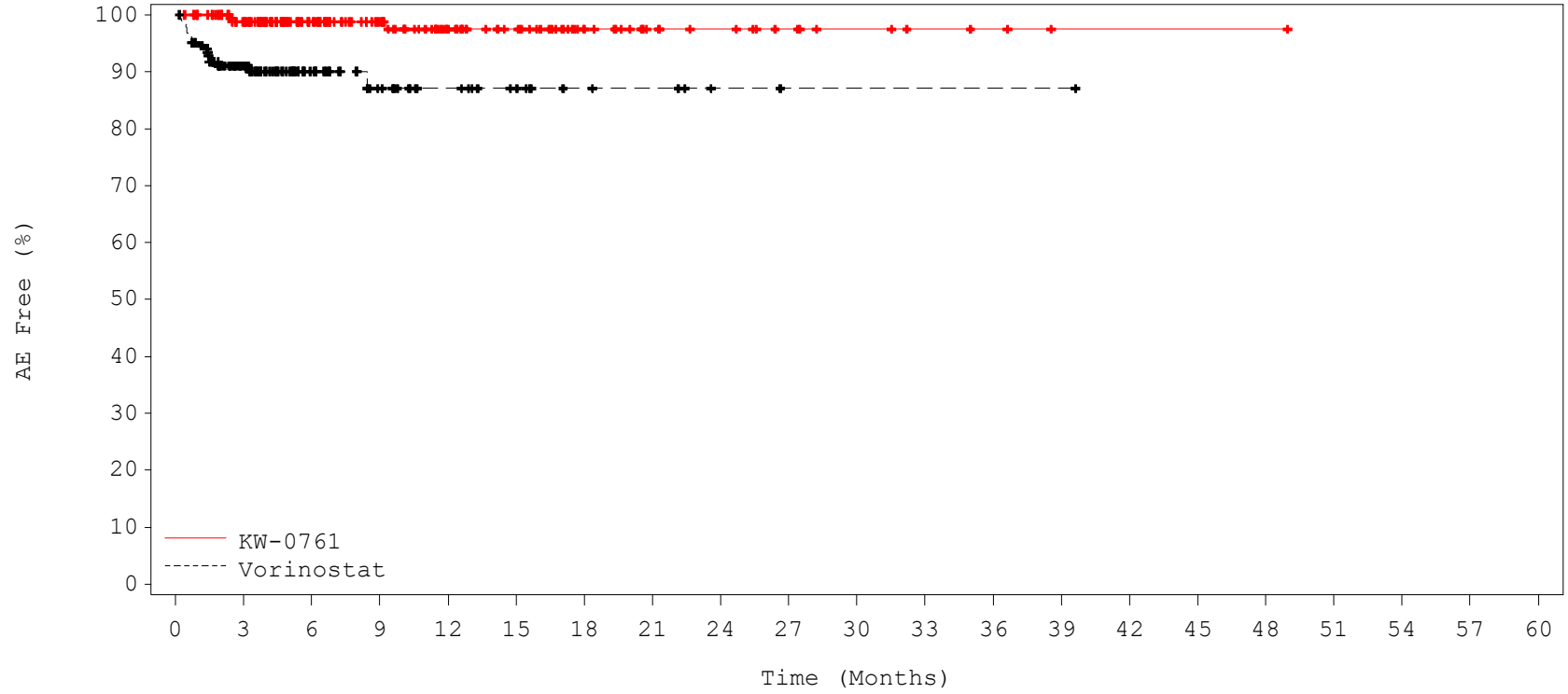
No. at Risk:

KW:	184	171	138	106	86	71	53	43	34	25	19	12	11	8	6	6	5	3	2	2	1	1	1	1	1	0
VOR:	186	151	77	47	32	21	17	12	8	7	6	6	2	2	1	1	1	1	1	1	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Data source:adtteae1.sas7bdat Program source:f_tteae1.sas Data cut-off date:31-Dec-2016

Figure 1.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
BLOOD AND LYMPHATIC SYSTEM DISORDERS
Safety Subjects



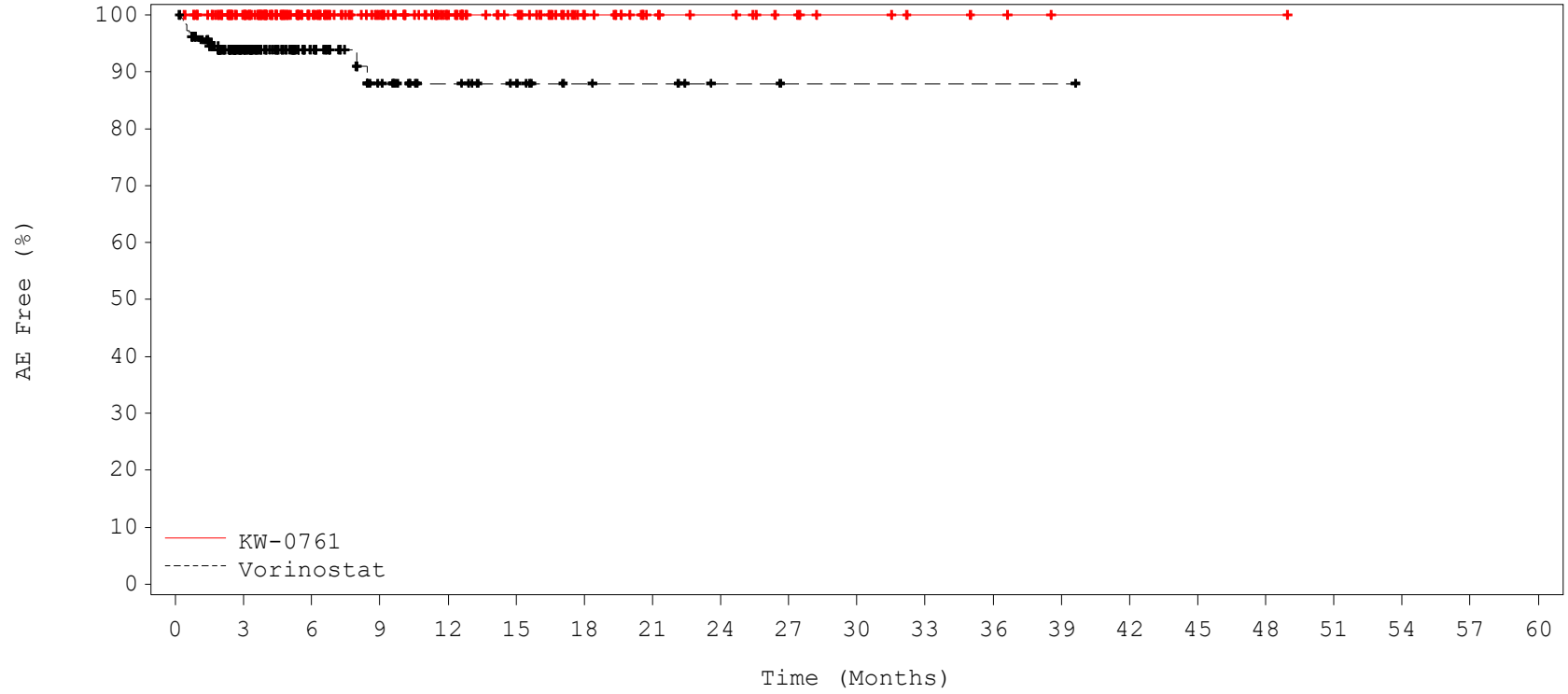
No. at Risk:

KW:	184	157	107	81	57	43	26	16	13	9	6	4	3	1	1	1	1	0
VOR:	186	100	44	25	16	11	6	5	2	1	1	1	1	1	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-g3.sas 25FEB2020 7:15

Figure 1.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
BLOOD AND LYMPHATIC SYSTEM DISORDERS
THROMBOCYTOPENIA - Safety Population



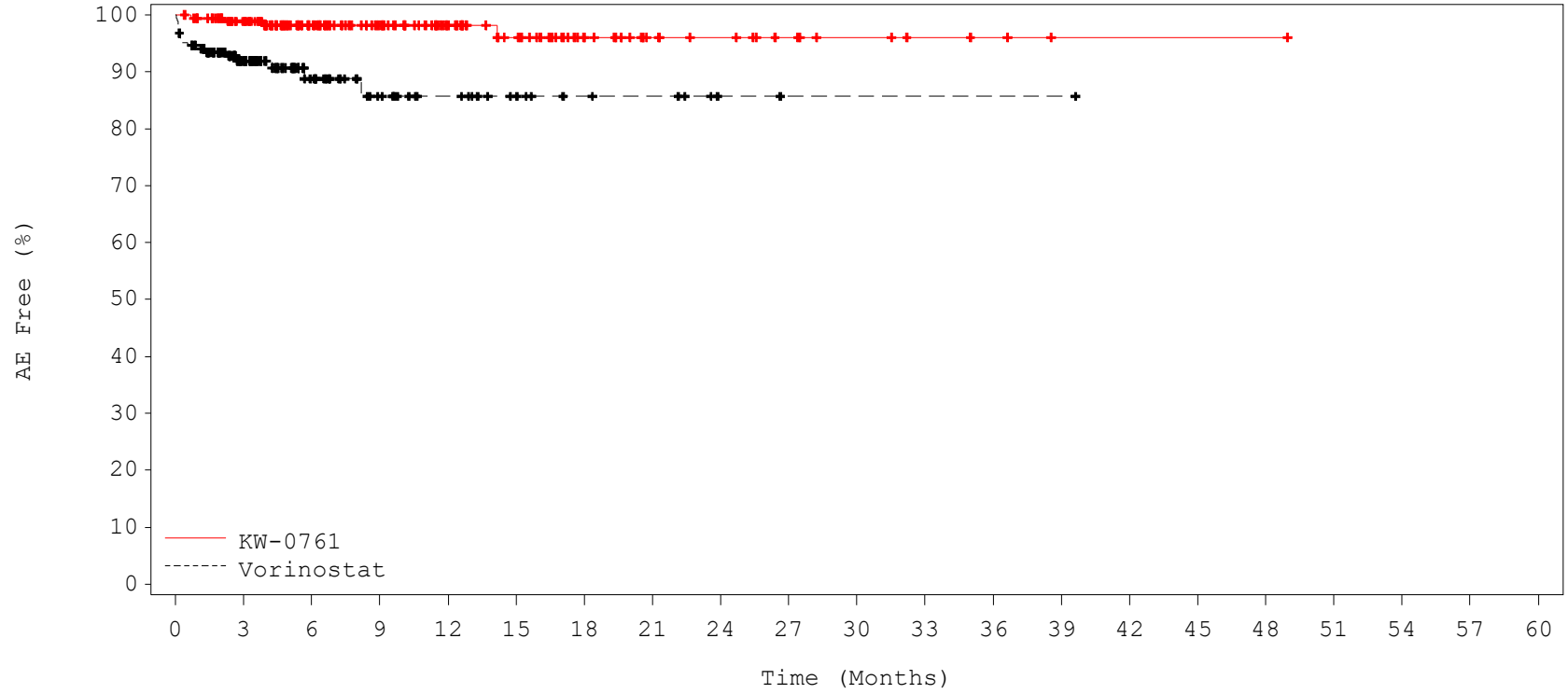
No. at Risk:

KW:	184	159	108	82	59	44	27	16	13	9	6	4	3	1	1	1	1	0
VOR:	186	103	46	25	16	11	6	5	2	1	1	1	1	1	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-g3.sas 25FEB2020 7:15

Figure 1.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
GASTROINTESTINAL DISORDERS
Safety Subjects



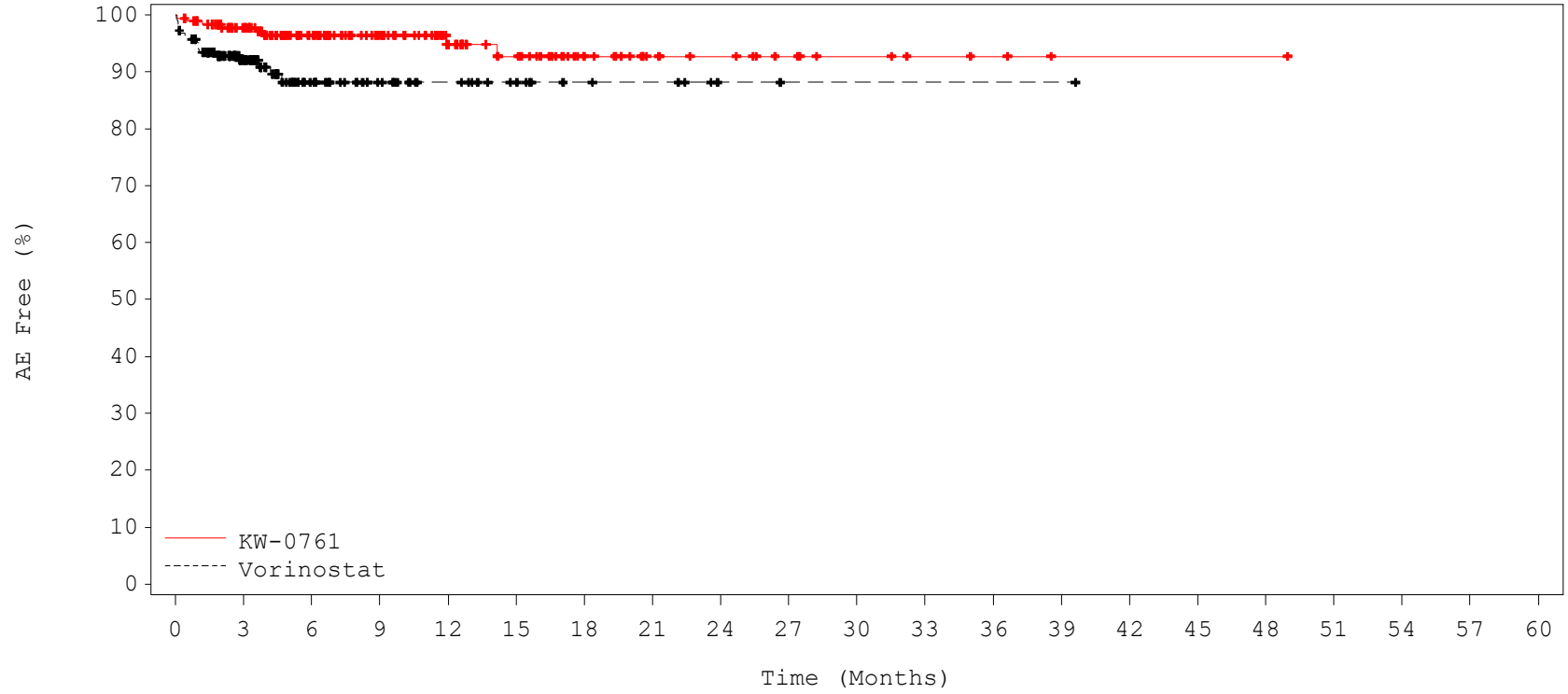
No. at Risk:

KW:	184	158	108	82	59	43	27	16	13	9	6	4	3	1	1	1	1	0
VOR:	186	100	45	25	17	11	7	6	2	1	1	1	1	1	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-g3.sas 25FEB2020 7:15

Figure 1.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS
Safety Subjects



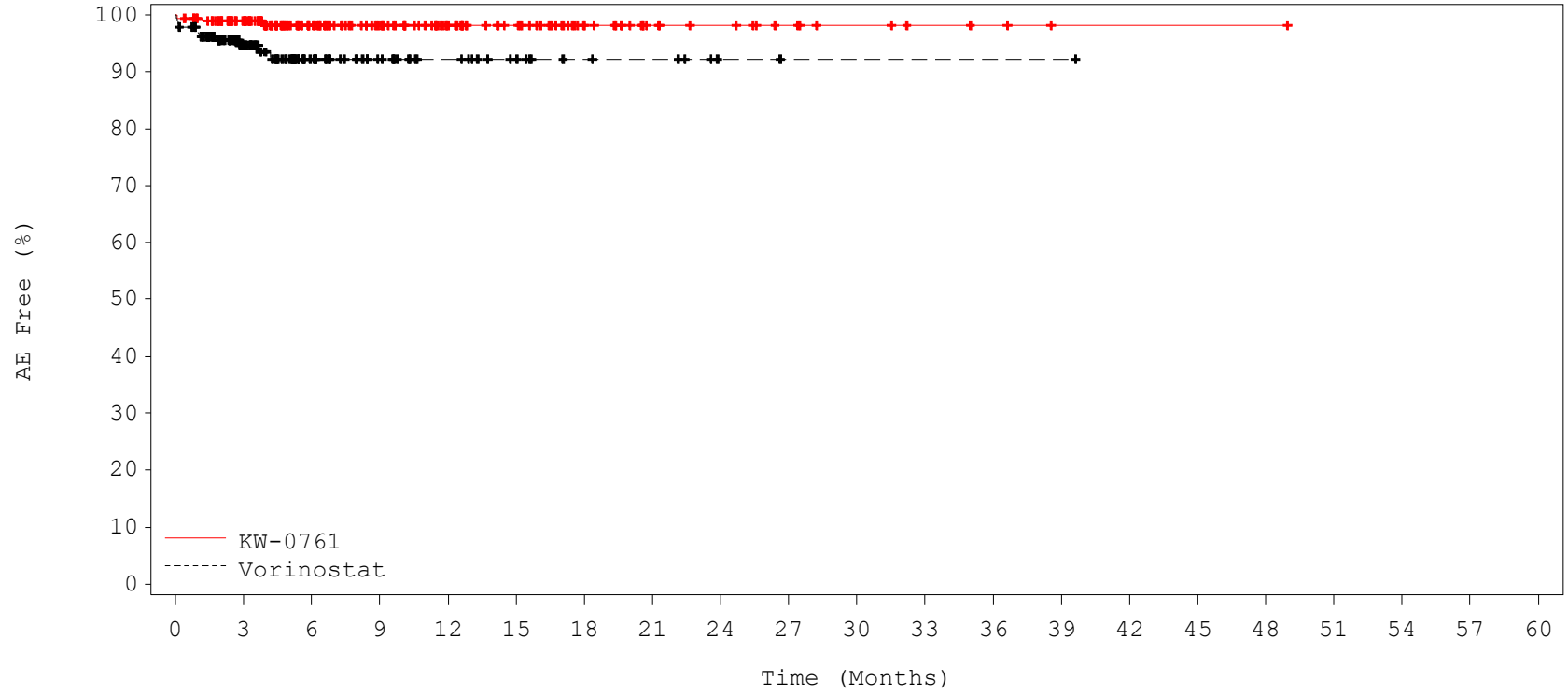
No. at Risk:

KW:	184	157	108	82	58	43	27	16	13	9	6	4	3	1	1	1	1	0
VOR:	186	102	45	27	18	12	7	6	2	1	1	1	1	1	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-g3.sas 25FEB2020 7:15

Figure 1.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS
FATIGUE - Safety Population



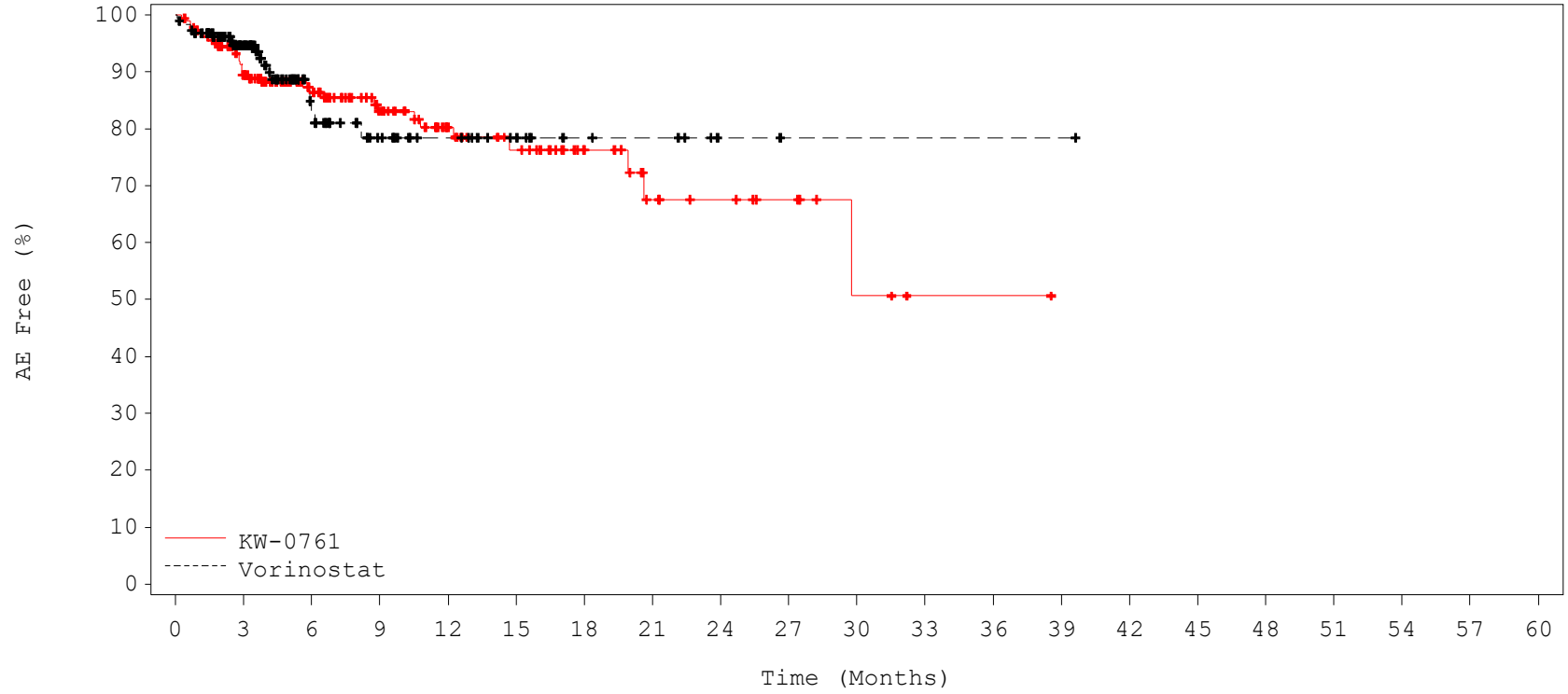
No. at Risk:

KW:	184	158	108	82	59	44	27	16	13	9	6	4	3	1	1	1	1	0
VOR:	186	103	45	27	18	12	7	6	2	1	1	1	1	1	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-g3.sas 25FEB2020 7:15

Figure 1.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
INFECTIONS AND INFESTATIONS
Safety Subjects



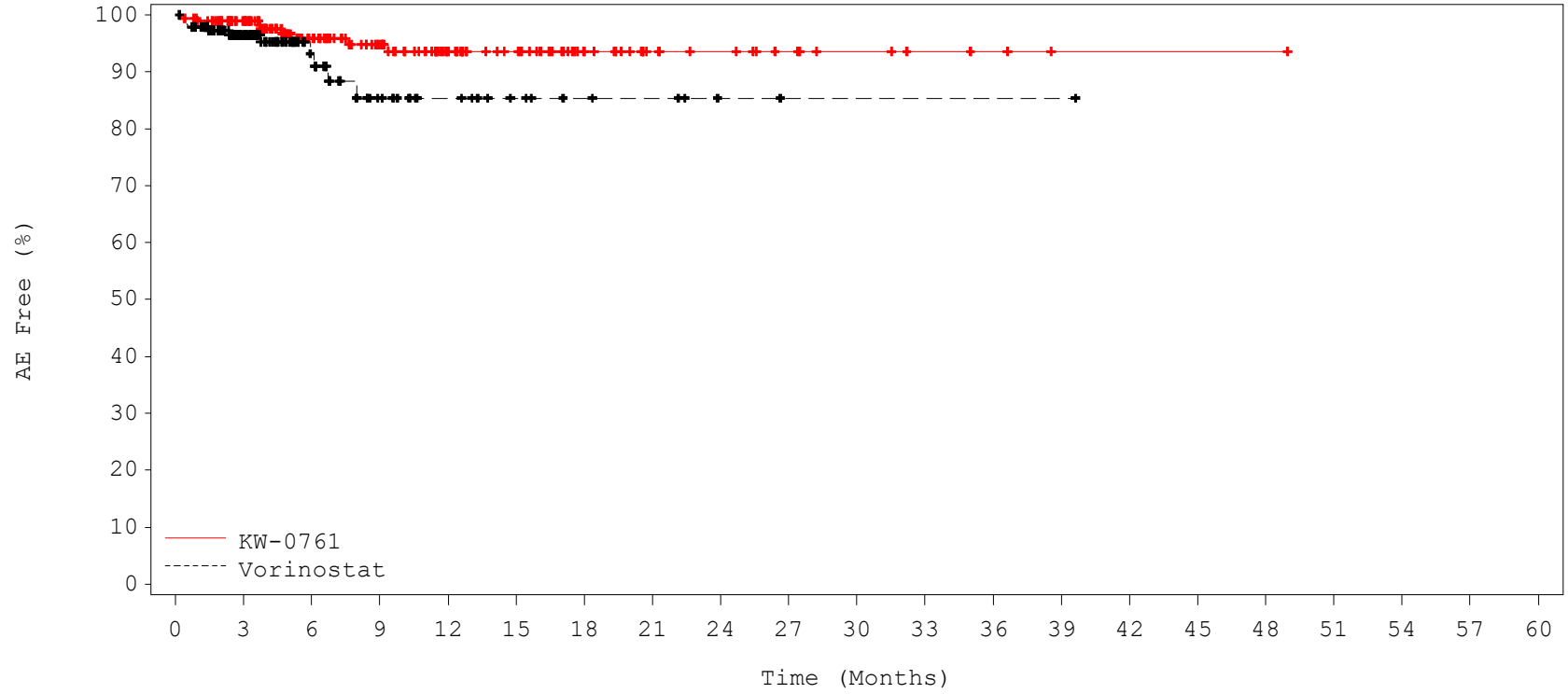
No. at Risk:

KW:	184	144	97	68	48	35	23	13	10	7	3	1	1	0	0	0	0	0
VOR:	186	105	44	26	18	12	7	6	2	1	1	1	1	1	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-g3.sas 25FEB2020 7:15

Figure 1.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
INVESTIGATIONS
Safety Subjects



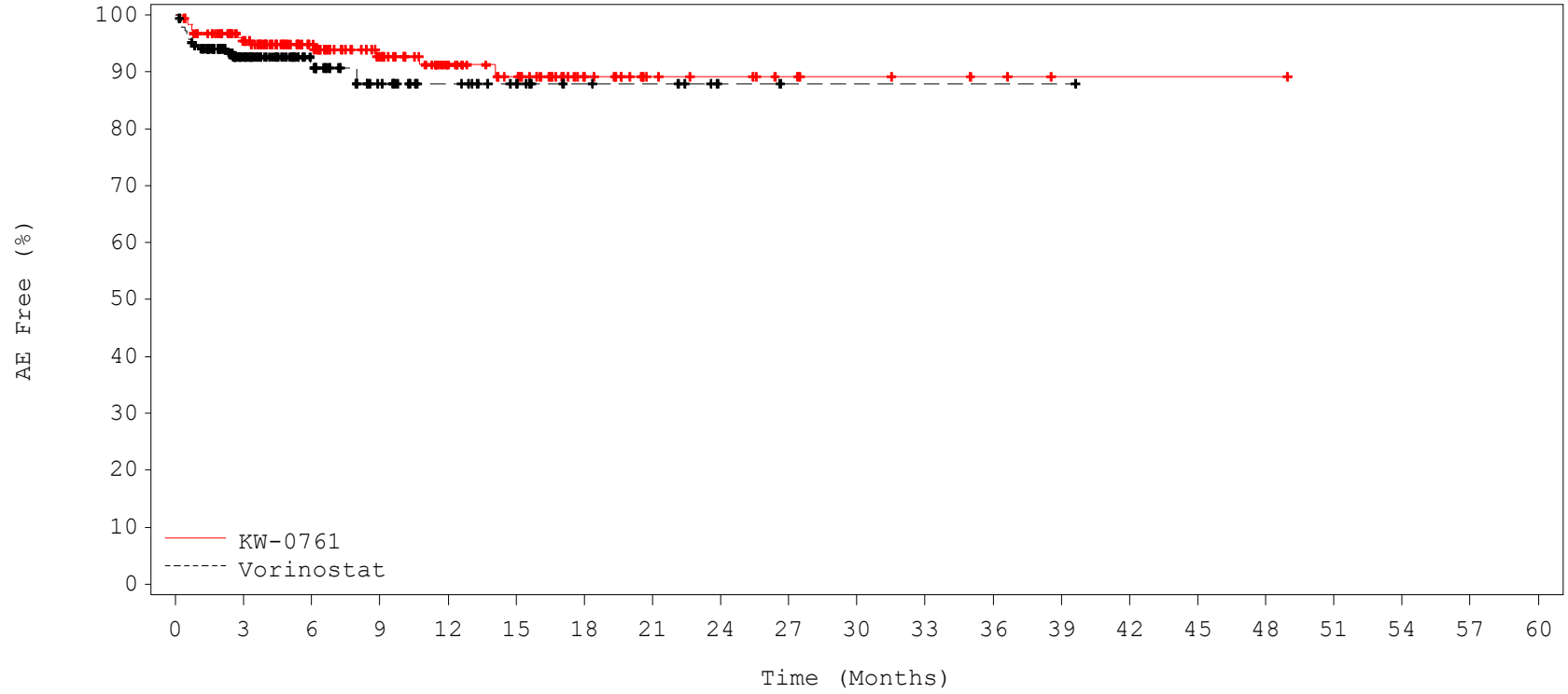
No. at Risk:

KW:	184	158	103	78	56	42	26	16	13	9	6	4	3	1	1	1	1	0
VOR:	186	106	43	22	14	9	6	5	2	1	1	1	1	1	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-g3.sas 25FEB2020 7:15

Figure 1.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
METABOLISM AND NUTRITION DISORDERS
Safety Subjects



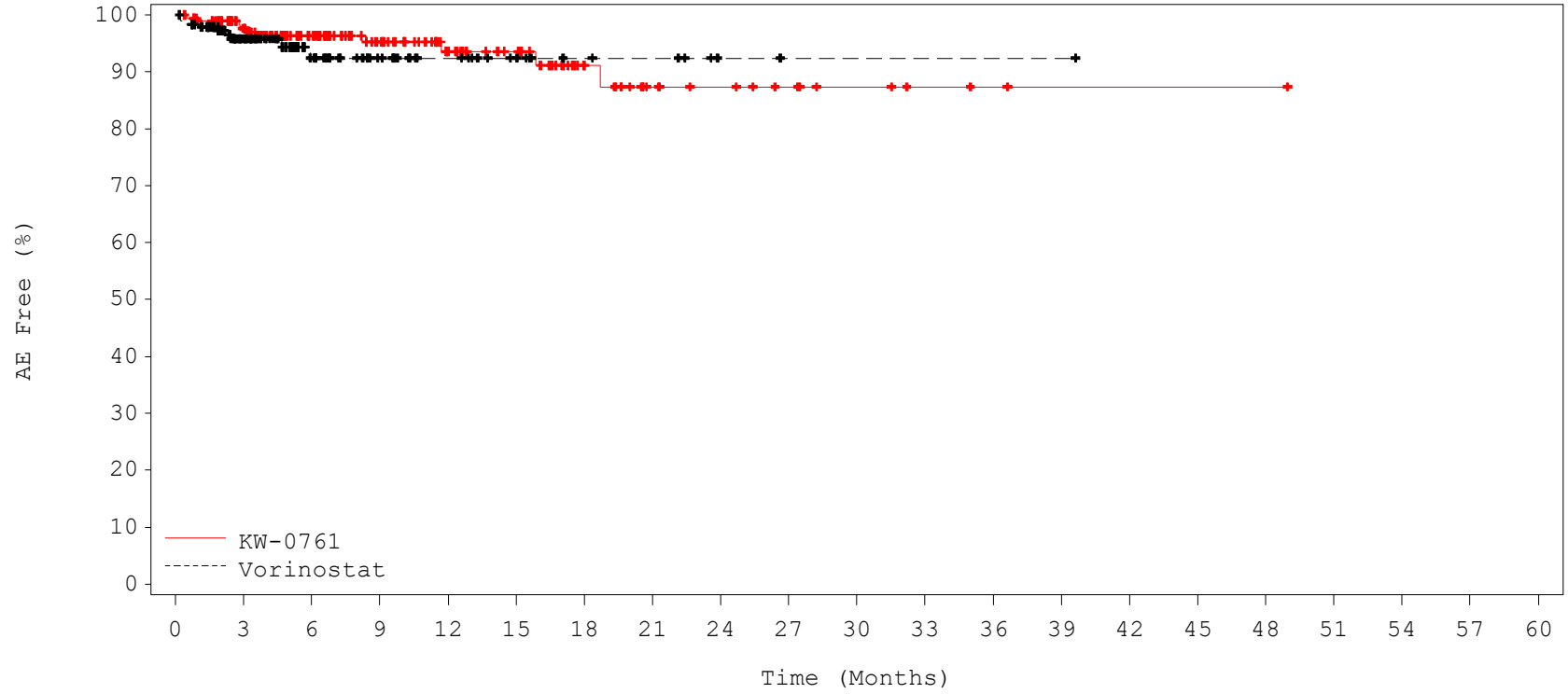
No. at Risk:

KW:	184	152	103	76	52	39	23	12	10	7	5	4	3	1	1	1	1	0
VOR:	186	103	46	27	18	12	7	6	2	1	1	1	1	1	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-g3.sas 25FEB2020 7:15

Figure 1.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
SKIN AND SUBCUTANEOUS TISSUE DISORDERS
Safety Subjects



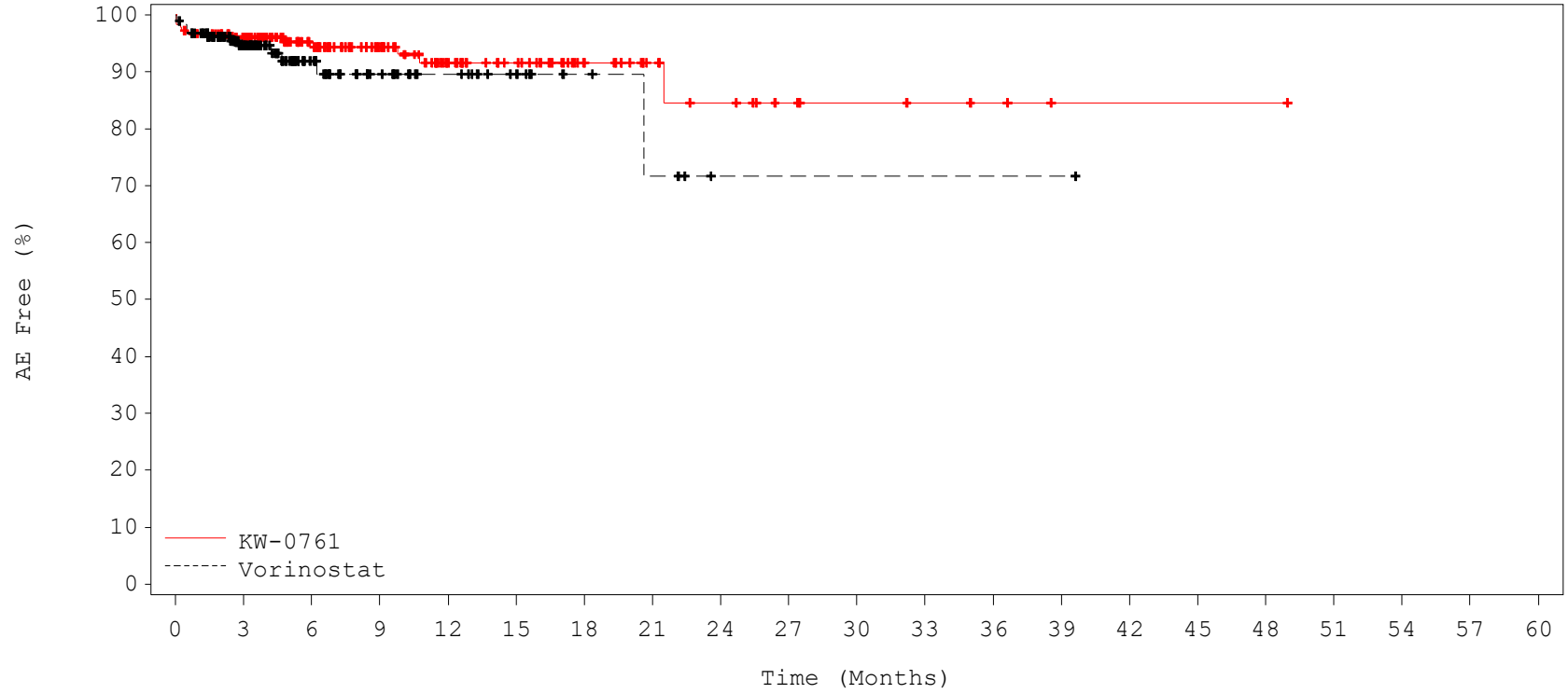
No. at Risk:

KW:	184	156	106	80	57	42	25	14	11	8	5	3	2	1	1	1	1	0
VOR:	186	107	46	27	18	12	7	6	2	1	1	1	1	1	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-g3.sas 25FEB2020 7:15

Figure 1.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
VASCULAR DISORDERS
Safety Subjects



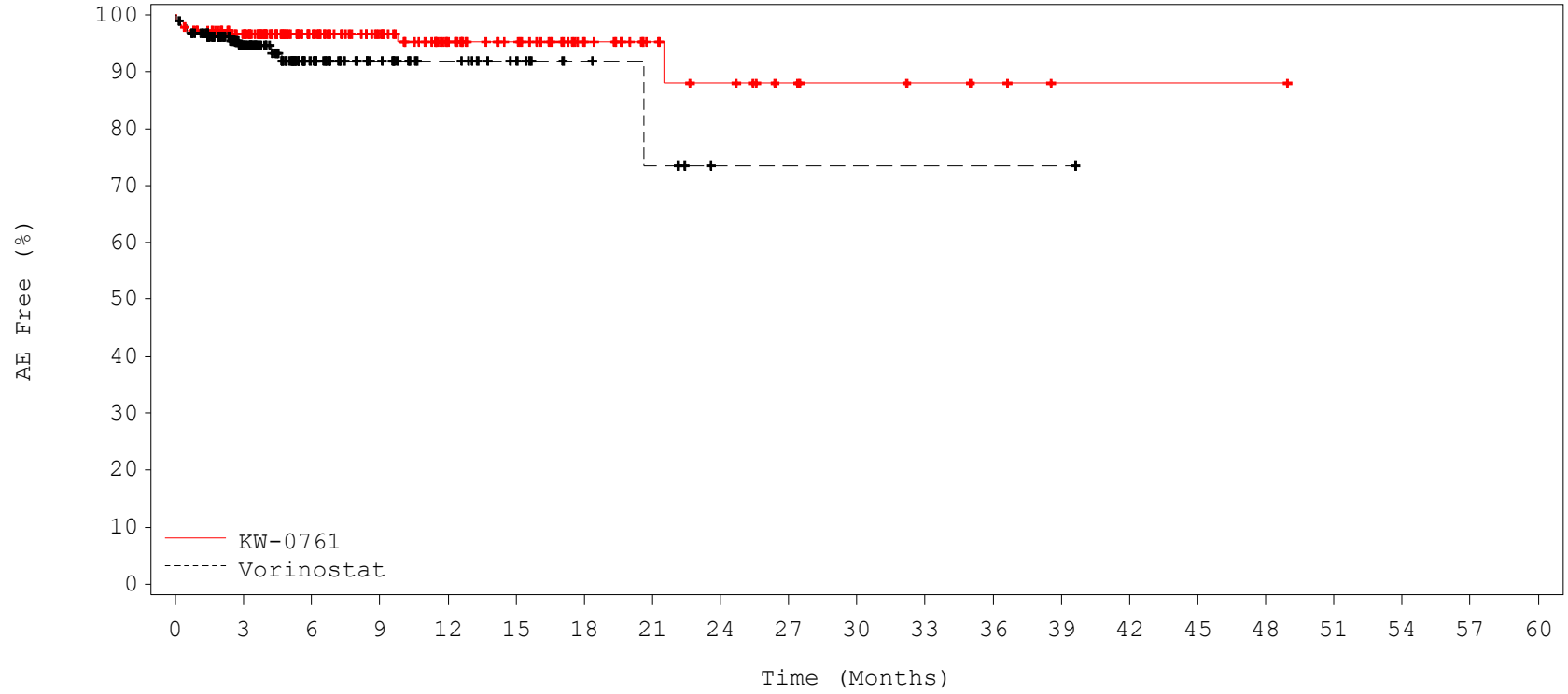
No. at Risk:

KW:	184	153	101	78	54	40	25	15	11	7	5	4	3	1	1	1	1	0
VOR:	186	104	45	26	17	11	6	4	1	1	1	1	1	1	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-g3.sas 25FEB2020 7:15

Figure 1.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
VASCULAR DISORDERS
HYPERTENSION - Safety Population



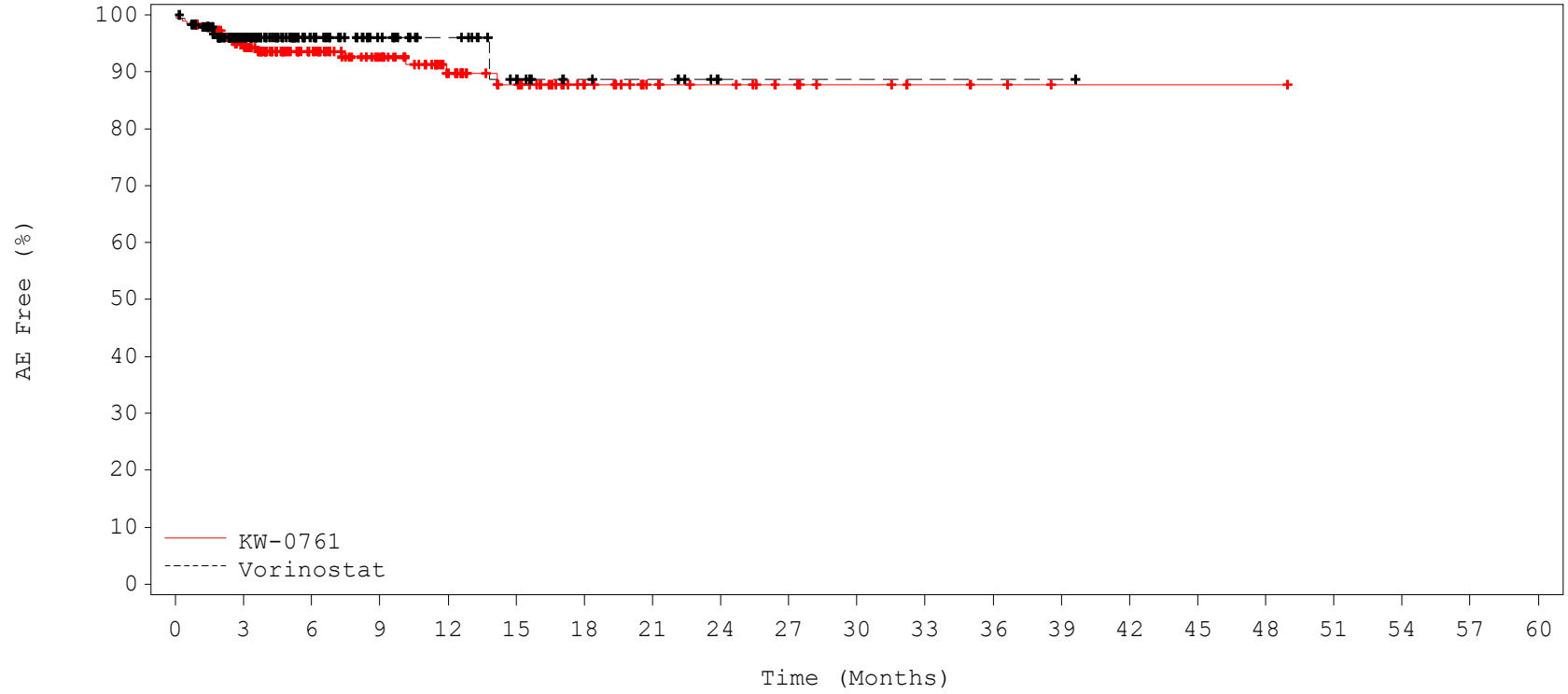
No. at Risk:

KW:	184	154	104	79	56	42	26	15	11	7	5	4	3	1	1	1	1	0
VOR:	186	104	45	26	17	11	6	4	1	1	1	1	1	1	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-g3.sas 25FEB2020 7:15

Figure 1.2 Kaplan-Meier Plot of Time to Serious Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS
Safety Subjects



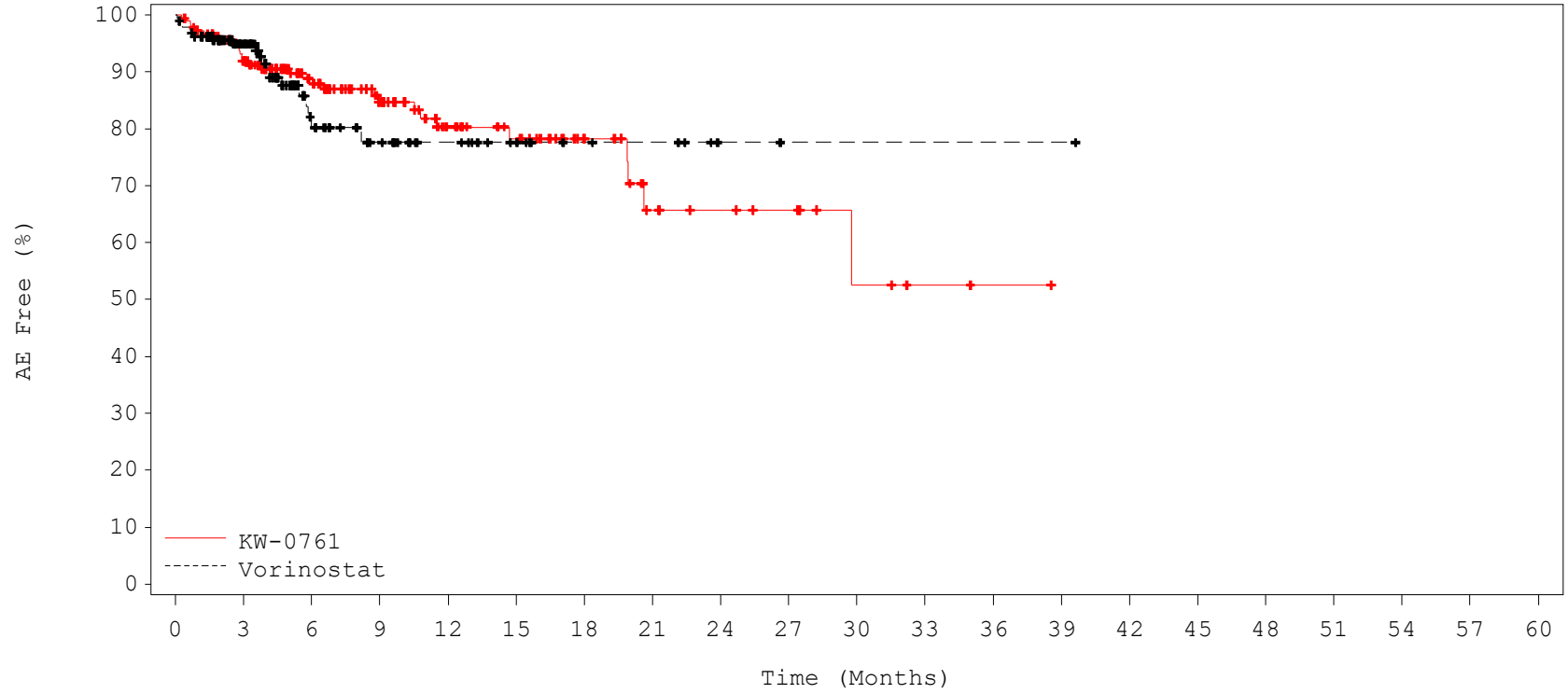
No. at Risk:

KW:	184	154	107	81	57	42	27	16	13	9	6	4	3	1	1	1	1	0
VOR:	186	107	48	27	18	11	6	5	1	1	1	1	1	1	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-saept.sas 25FEB2020 7:15

Figure 1.2 Kaplan-Meier Plot of Time to Serious Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period
INFECTIONS AND INFESTATIONS
Safety Subjects

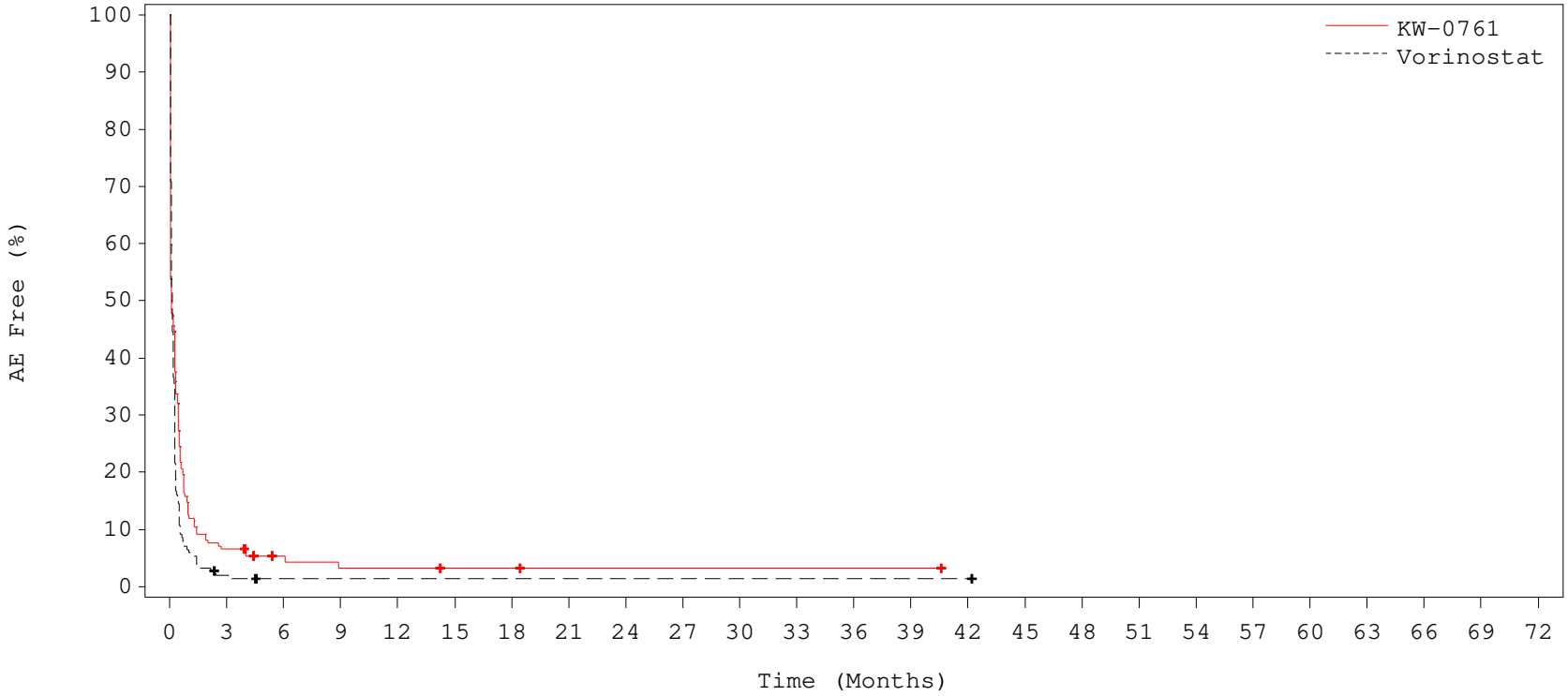


No. at Risk:

KW:	184	148	99	70	49	37	24	13	10	8	4	2	1	0	0	0	0	0
VOR:	186	106	43	27	18	12	7	6	2	1	1	1	1	1	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
(Any TEAE)
Safety Subjects

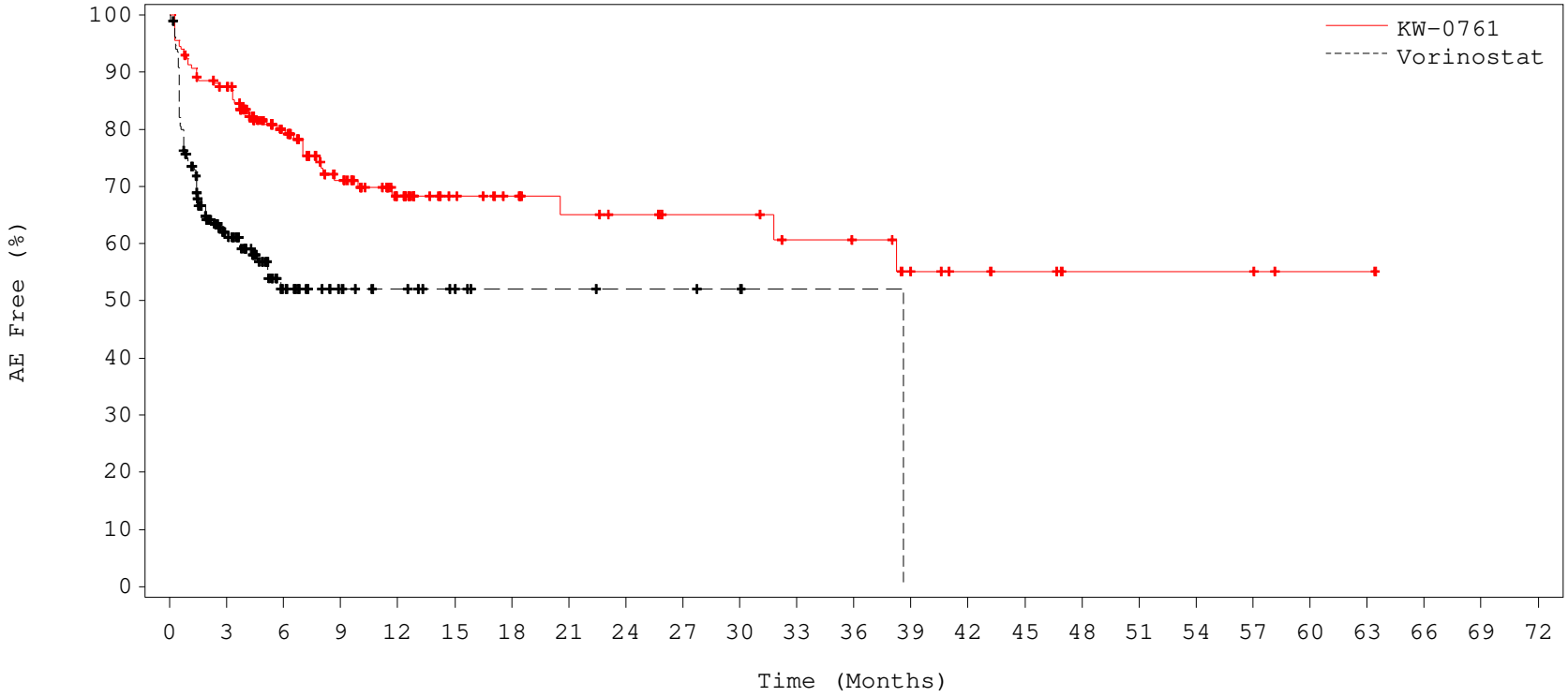


No. at Risk:

KW:	184	12	5	3	3	2	2	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0
VOR:	186	3	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
BLOOD AND LYMPHATIC SYSTEM DISORDERS
Safety Subjects



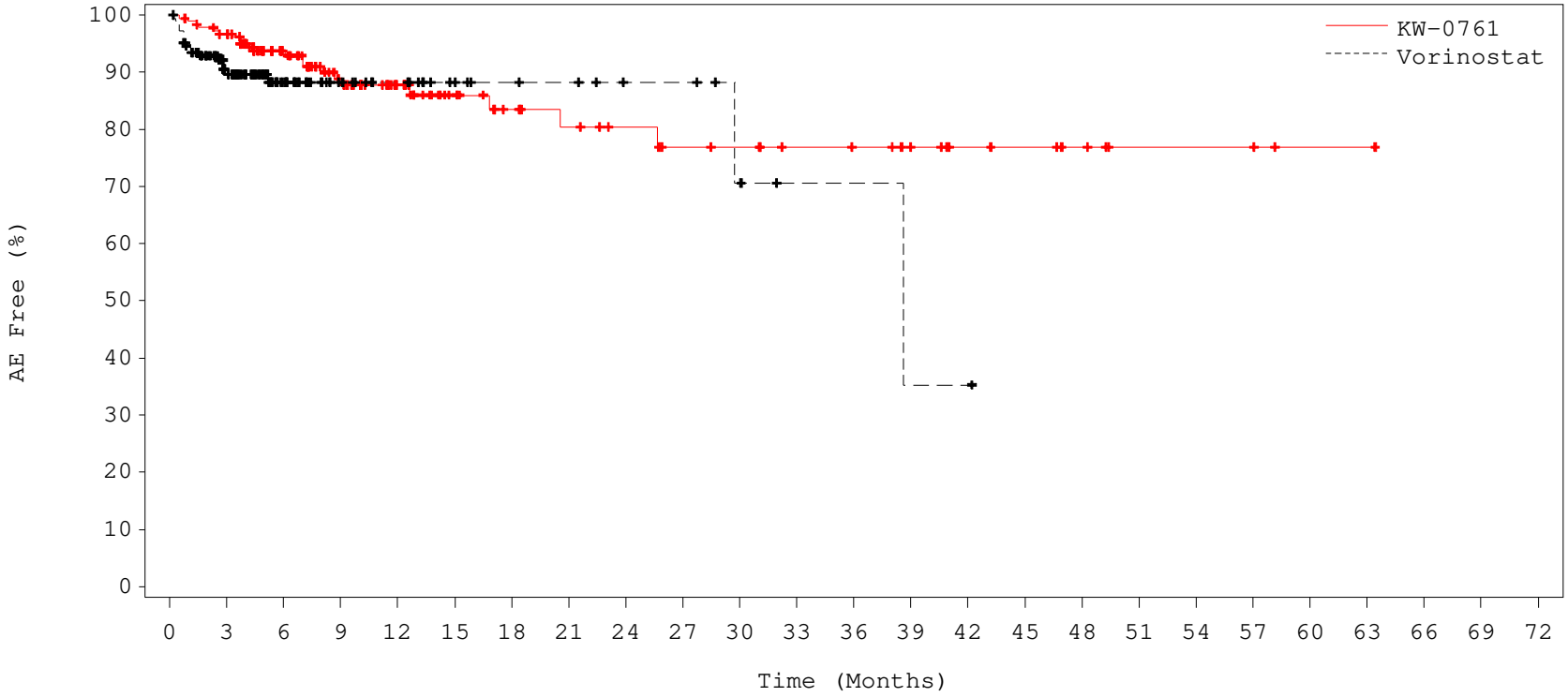
No. at Risk:

KW:	184	157	93	63	42	28	24	20	18	16	16	13	12	9	6	5	3	3	3	3	1	1	0	0	0
VOR:	186	72	27	14	11	7	4	4	3	3	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
BLOOD AND LYMPHATIC SYSTEM DISORDERS
ANAEMIA - Safety Population



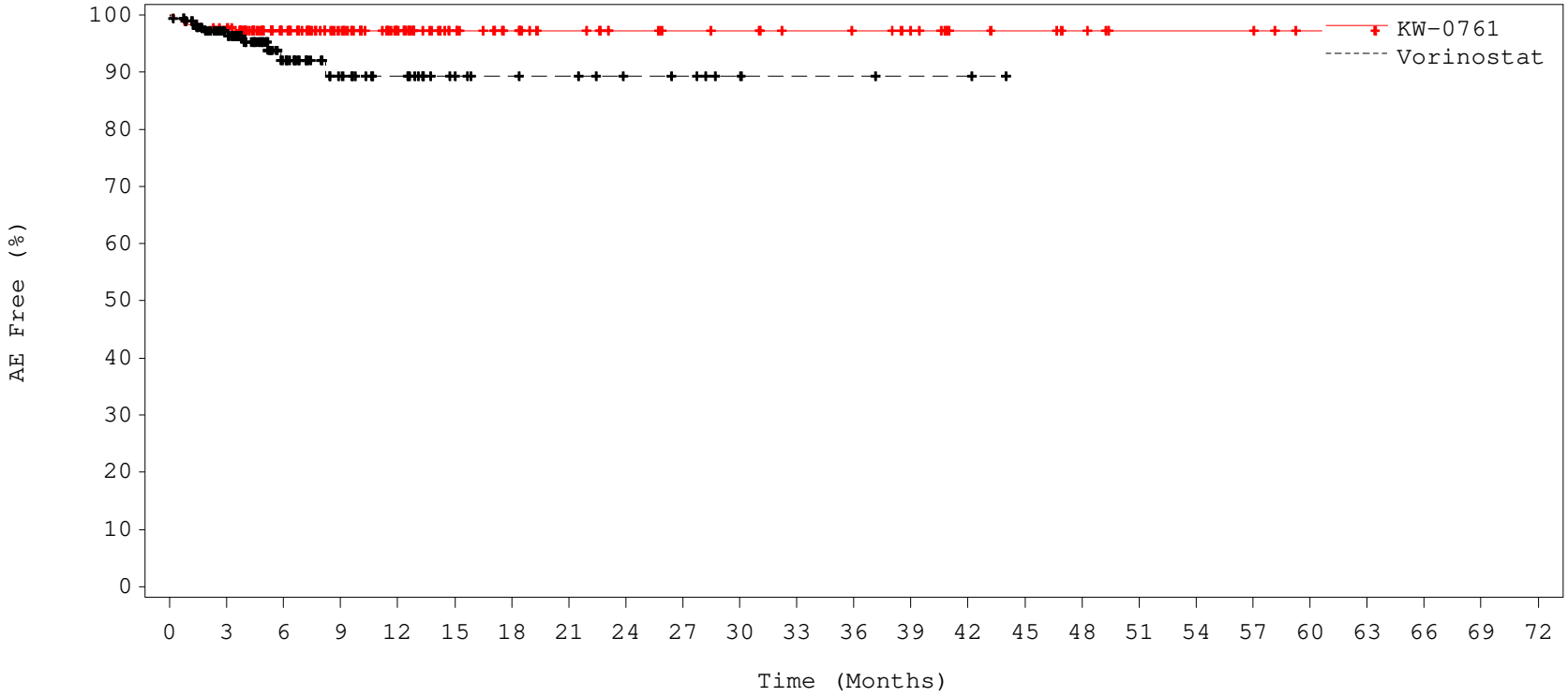
No. at Risk:

KW:	184	174	112	79	56	38	30	26	23	20	19	16	15	13	9	8	6	3	3	3	1	1	0	0	0
VOR:	186	103	48	27	21	14	11	10	7	7	4	2	2	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
BLOOD AND LYMPHATIC SYSTEM DISORDERS
NEUTROPENIA - Safety Population



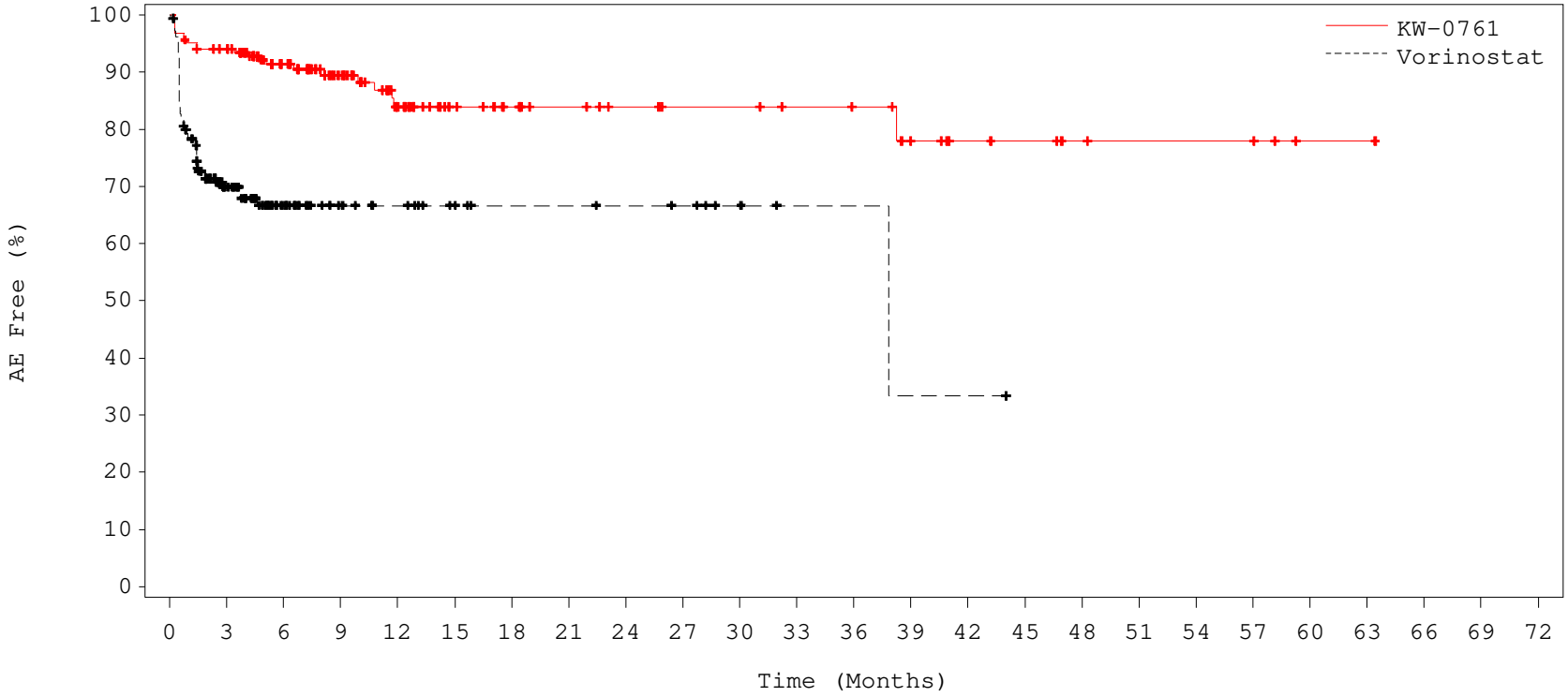
No. at Risk:

KW:	184	176	117	88	66	44	36	30	25	23	22	19	18	16	10	9	7	4	4	4	1	1	0	0	0
VOR:	186	111	50	30	23	15	12	11	8	7	4	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
BLOOD AND LYMPHATIC SYSTEM DISORDERS
THROMBOCYTOPENIA - Safety Population



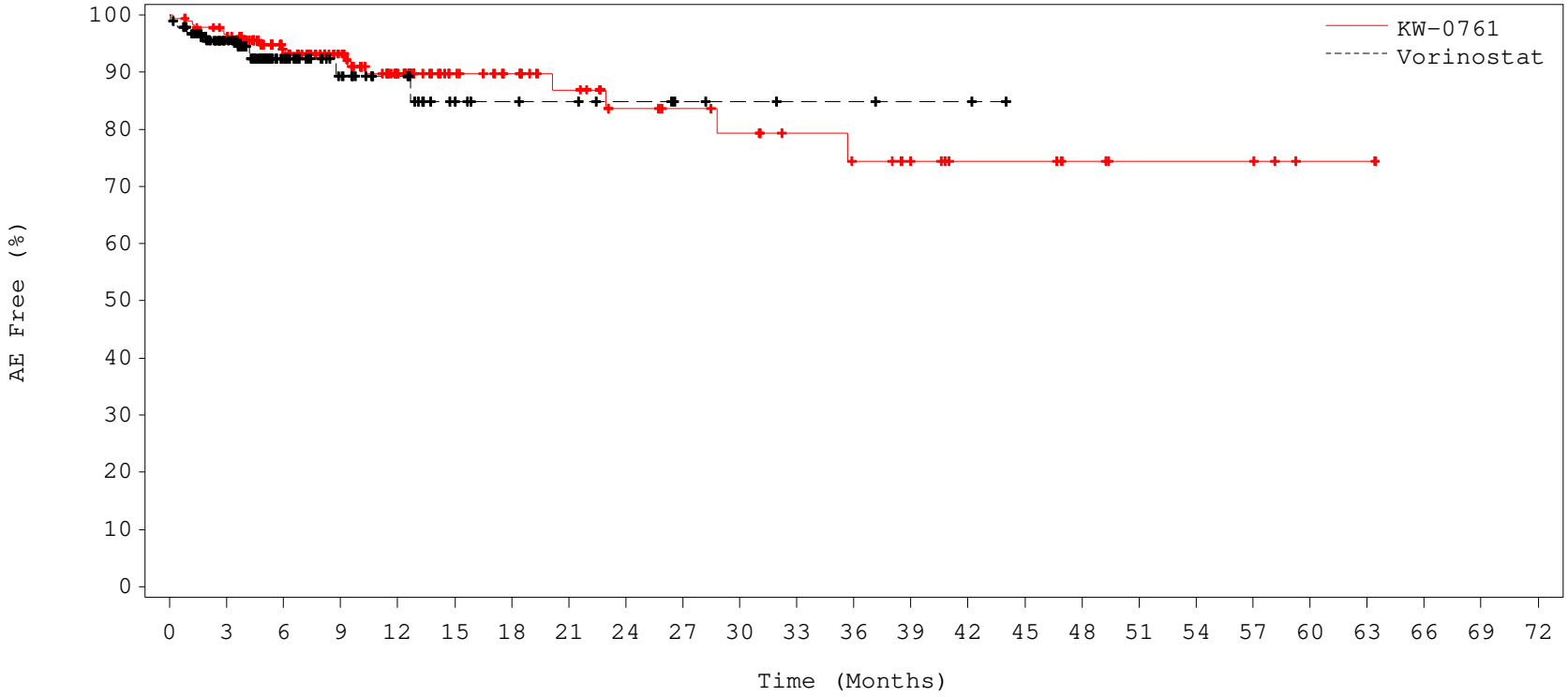
No. at Risk:

KW:	184	169	108	79	53	33	28	23	20	18	18	16	15	12	8	7	5	4	4	4	1	1	0	0	0
VOR:	186	82	37	21	17	12	9	9	8	7	4	2	2	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
CARDIAC DISORDERS
Safety Subjects



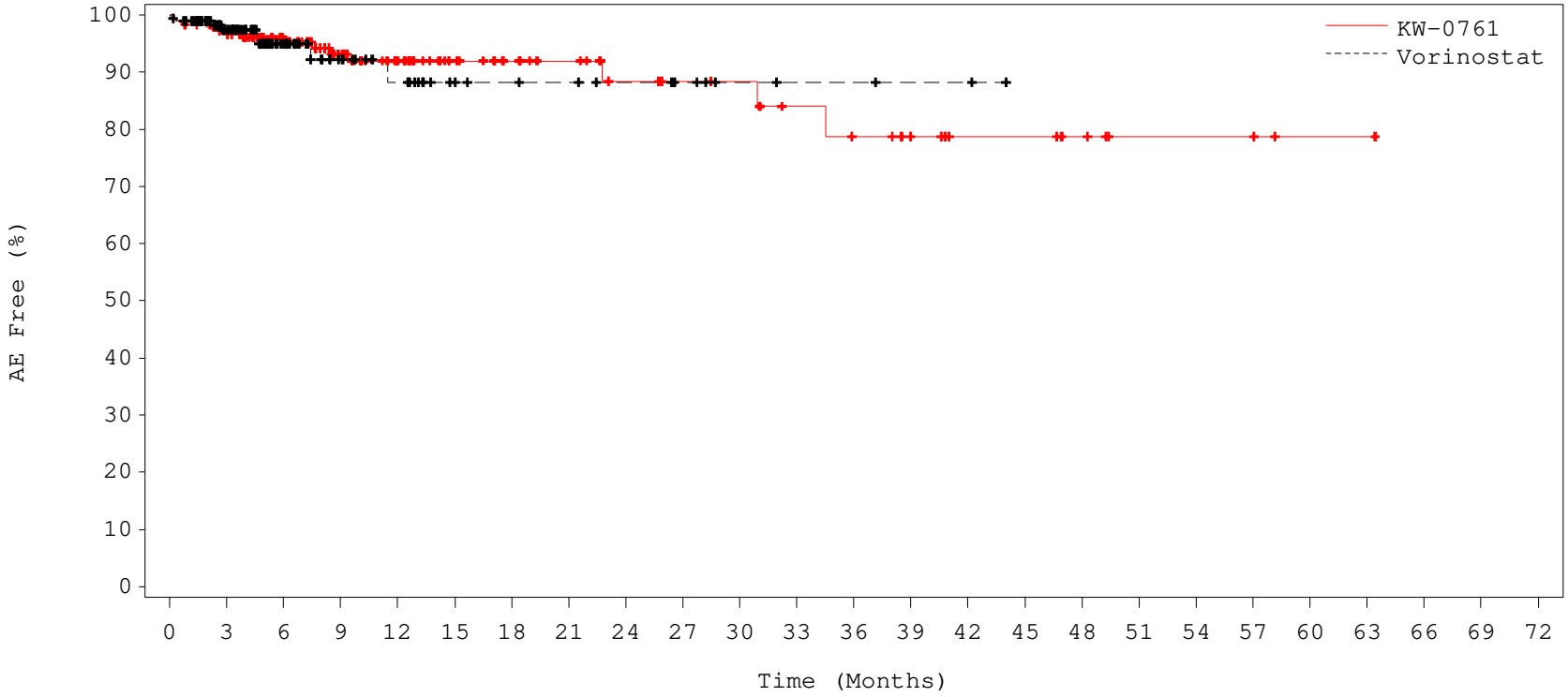
No. at Risk:

KW:	184	174	113	89	64	42	36	30	23	21	19	16	14	12	8	8	6	4	4	4	1	1	0	0	0
VOR:	186	112	51	29	22	13	10	9	7	5	4	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
EAR AND LABYRINTH DISORDERS
Safety Subjects



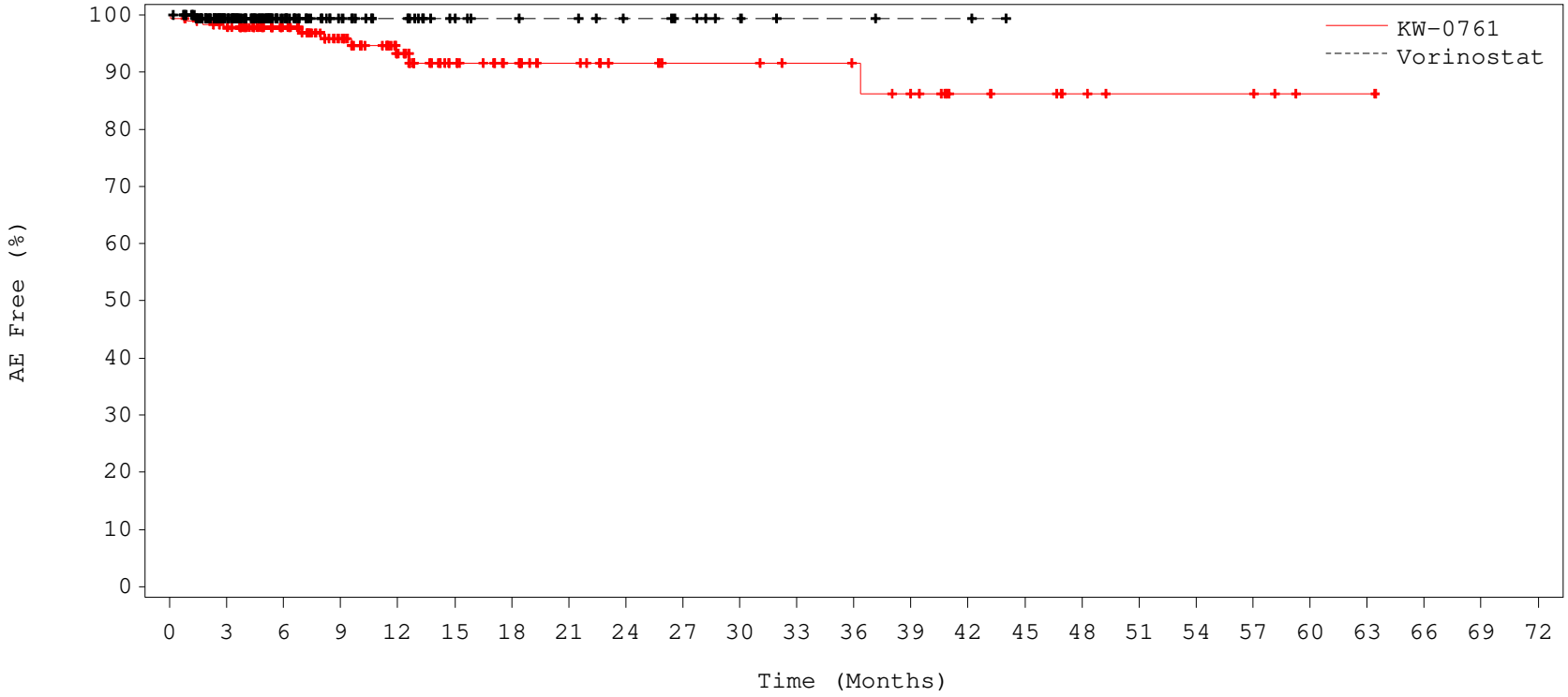
No. at Risk:

KW:	184	174	114	82	61	43	35	30	23	21	20	16	14	12	8	8	6	3	3	3	1	1	0	0	0
VOR:	186	111	49	28	22	14	12	11	9	7	4	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
ENDOCRINE DISORDERS
Safety Subjects



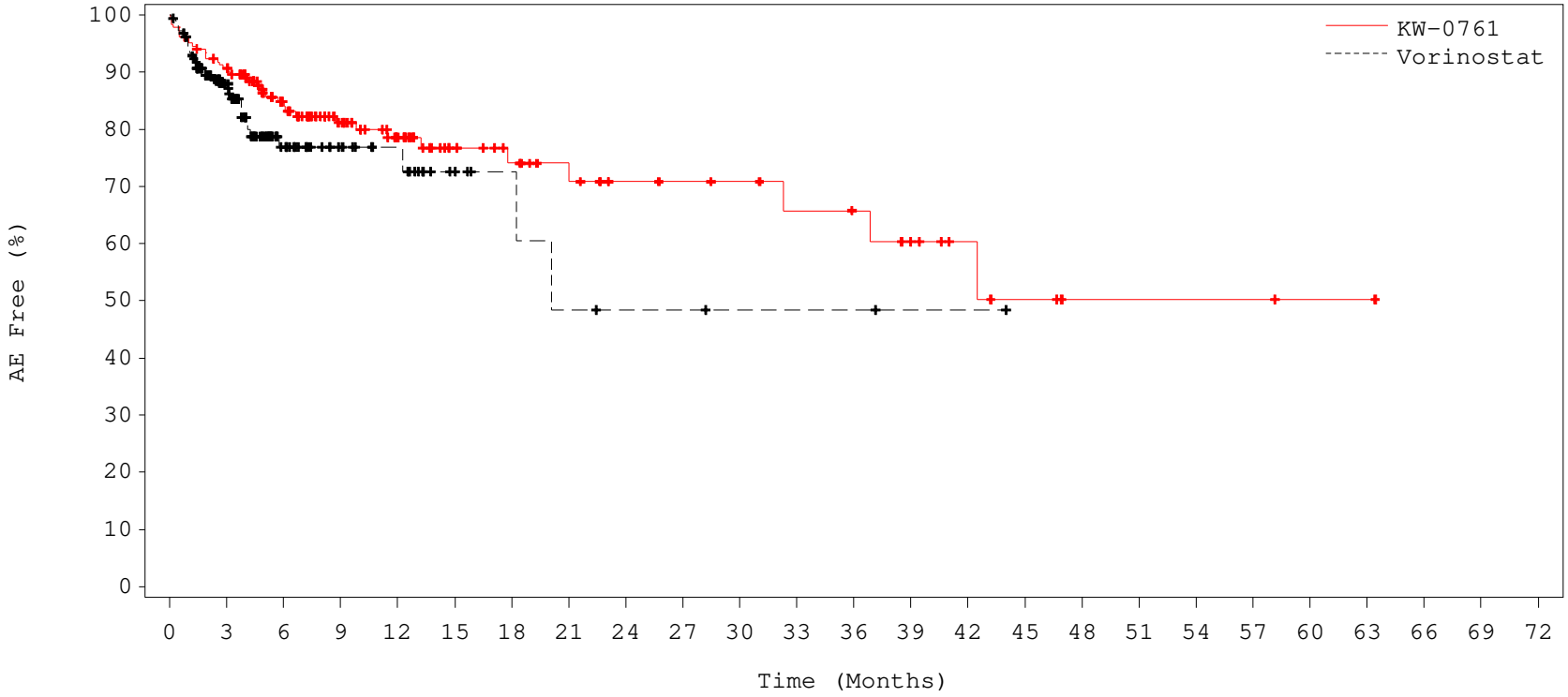
No. at Risk:

KW:	184	176	118	87	62	42	34	28	22	20	20	18	17	15	9	8	6	4	4	4	1	1	0	0	0
VOR:	186	114	54	32	25	17	14	13	10	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
EYE DISORDERS
Safety Subjects



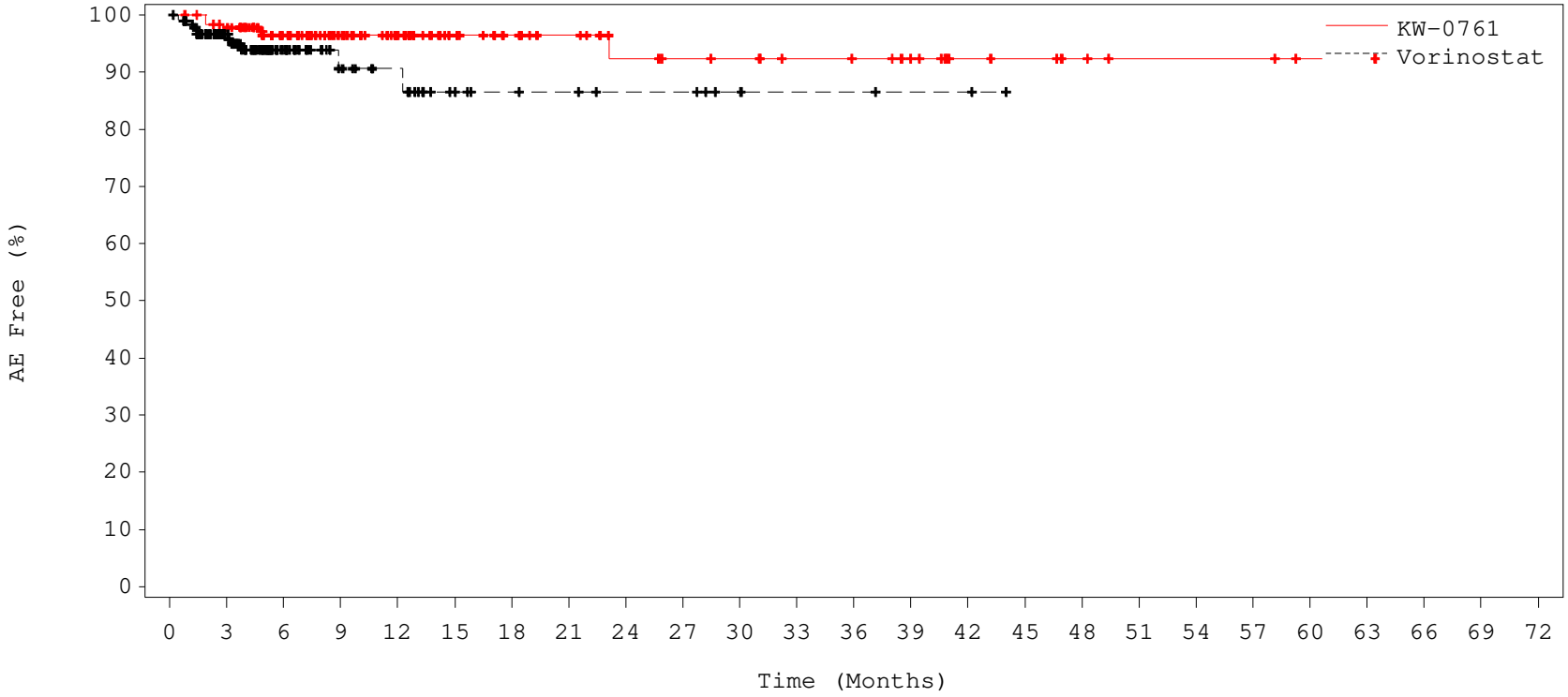
No. at Risk:

KW:	184	164	101	71	53	34	28	23	17	16	15	13	12	10	6	4	2	2	2	2	1	1	0	0	0
VOR:	186	101	39	23	18	9	6	4	3	3	2	2	2	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
EYE DISORDERS
DRY EYE - Safety Population



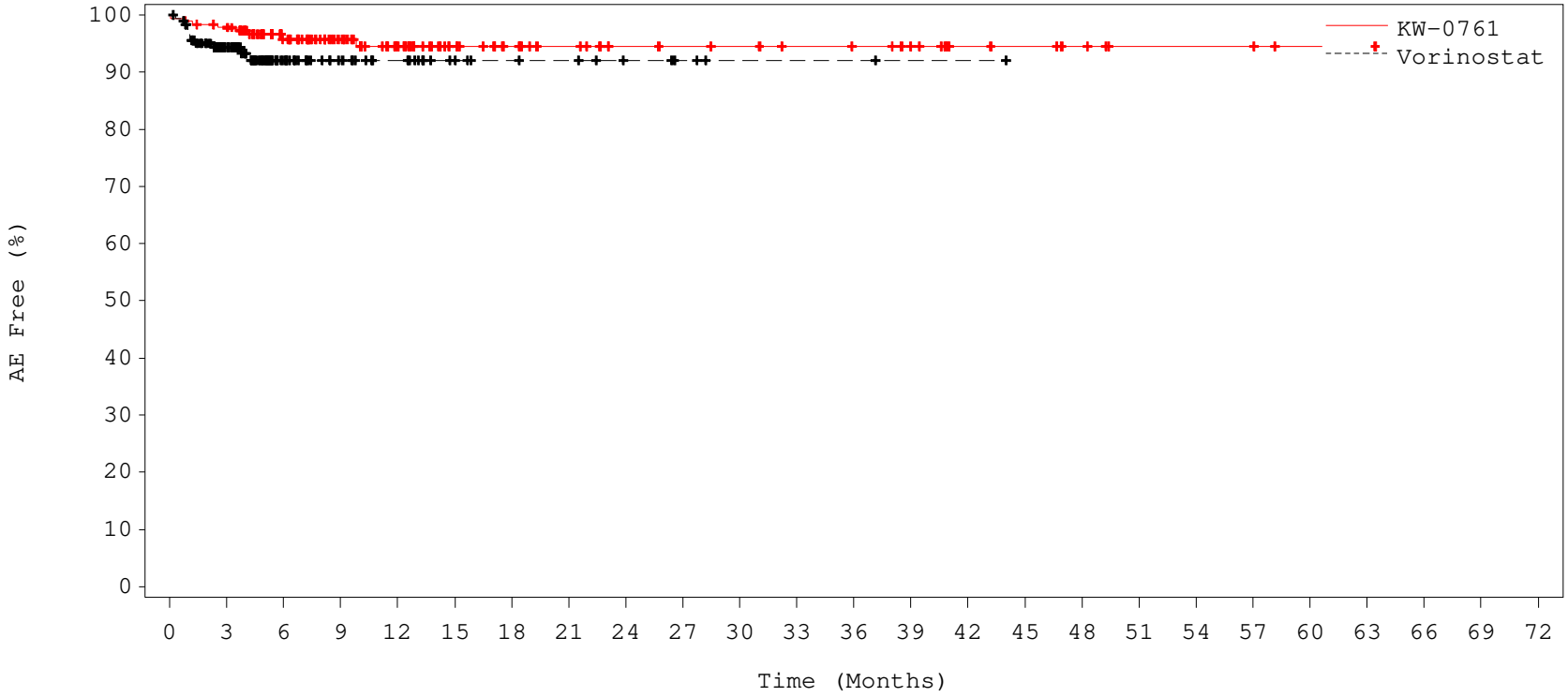
No. at Risk:

KW:	184	176	114	85	66	44	36	30	23	21	20	17	16	14	8	7	5	3	3	3	1	1	0	0	0
VOR:	186	111	50	27	22	13	10	9	7	7	4	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
EYE DISORDERS
VISION BLURRED - Safety Population



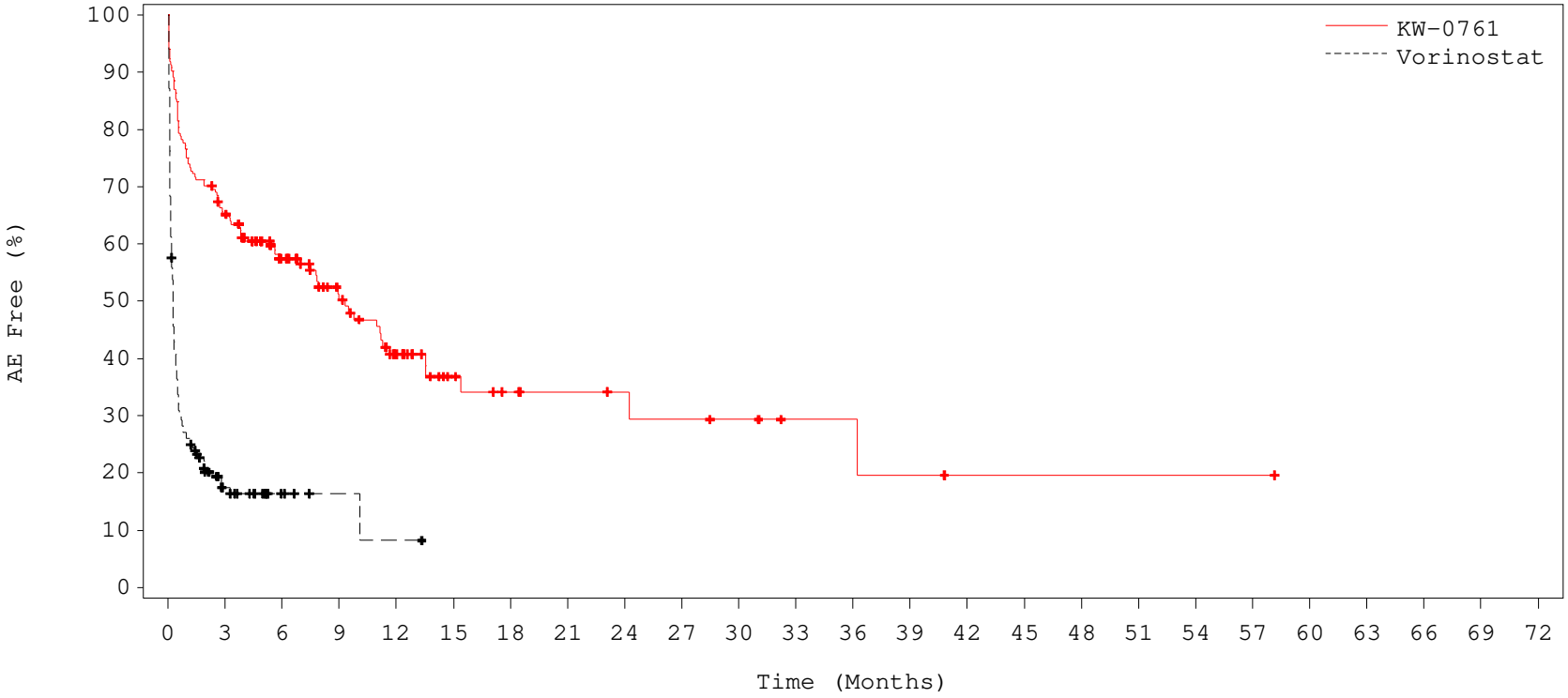
No. at Risk:

KW:	184	177	114	85	64	42	34	28	22	21	20	18	17	15	9	8	6	3	3	3	1	1	0	0	0
VOR:	186	106	45	28	21	13	10	9	6	4	2	2	2	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
GASTROINTESTINAL DISORDERS
Safety Subjects



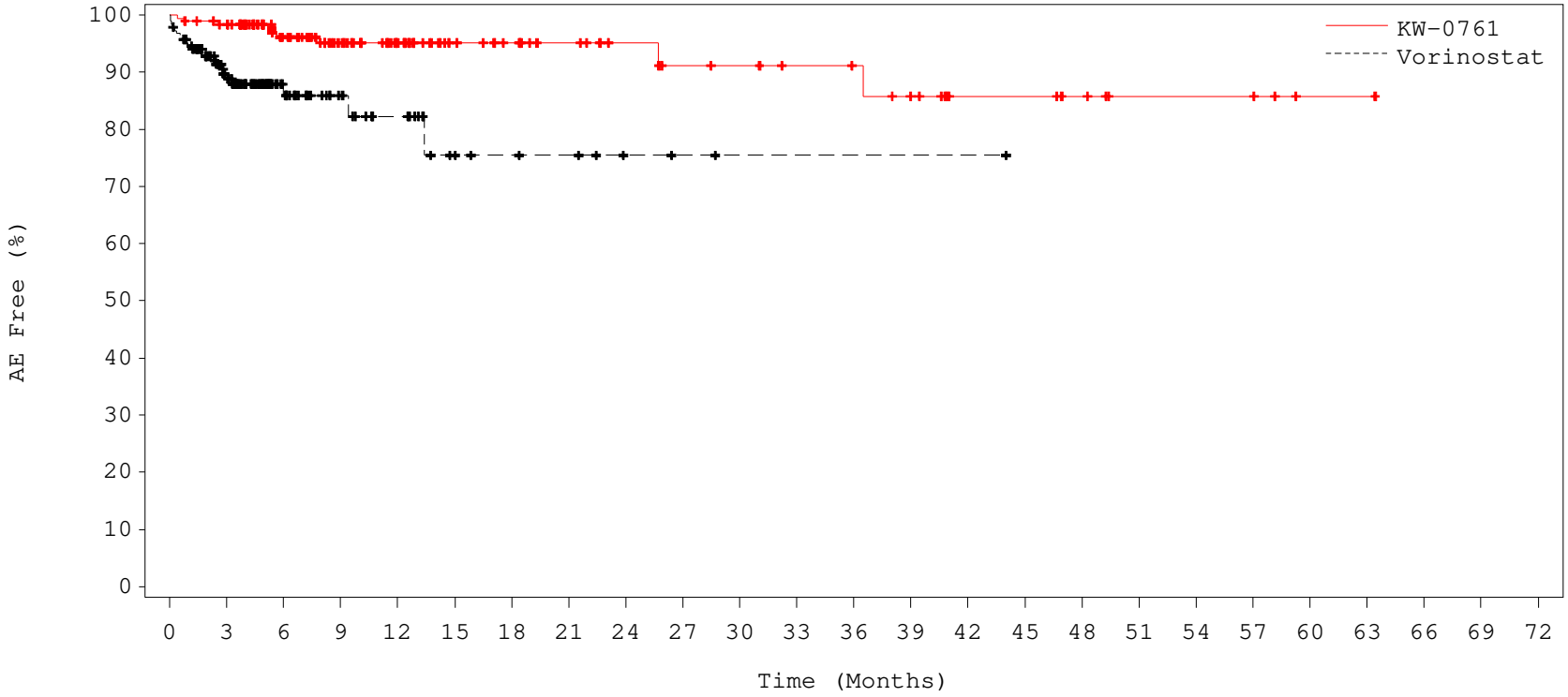
No. at Risk:

KW:	184	118	67	45	29	15	11	9	7	6	5	3	3	2	1	1	1	1	1	1	0	0	0	0	0
VOR:	186	16	5	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
GASTROINTESTINAL DISORDERS
ABDOMINAL PAIN - Safety Population



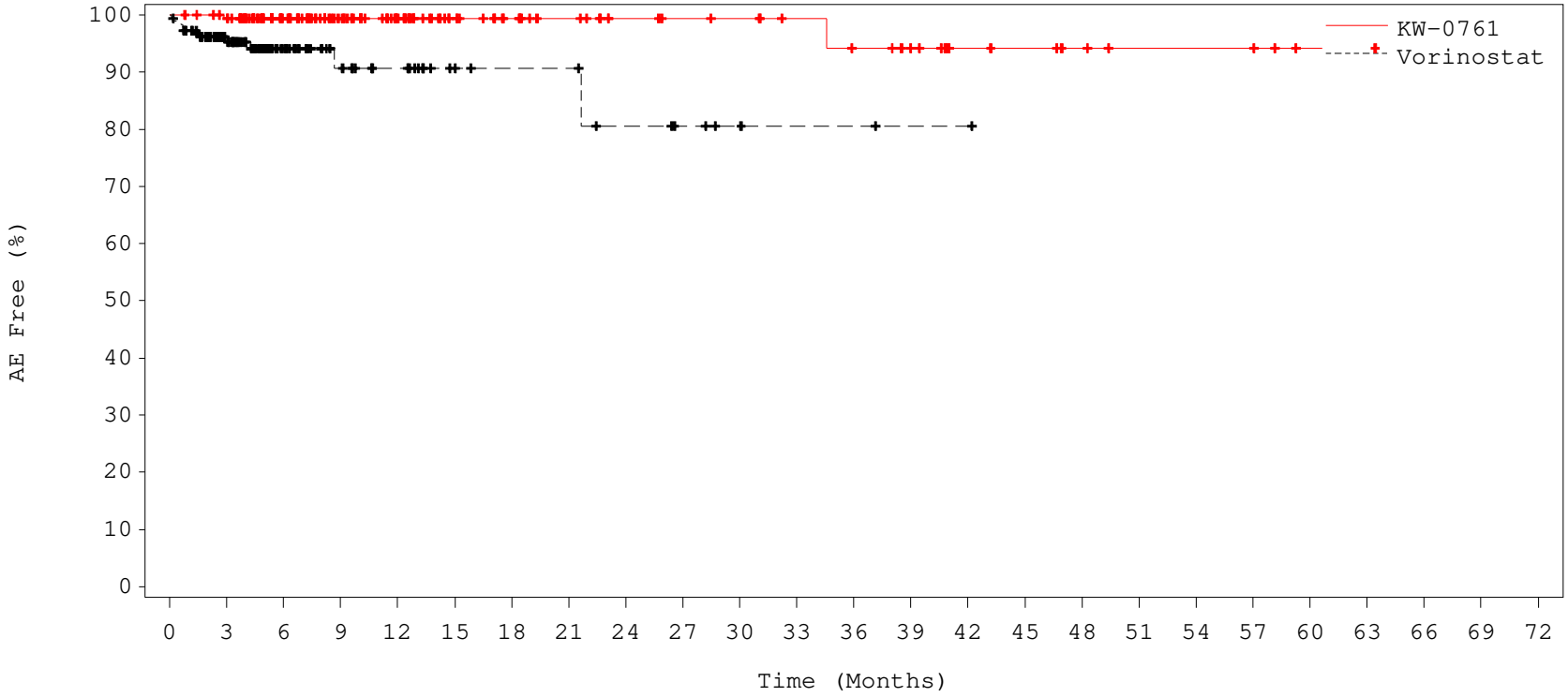
No. at Risk:

KW:	184	177	116	85	63	42	36	30	24	21	20	18	17	15	9	9	7	4	4	4	1	1	0	0	0
VOR:	186	101	44	25	18	9	7	6	3	2	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
GASTROINTESTINAL DISORDERS
ABDOMINAL PAIN UPPER - Safety Population



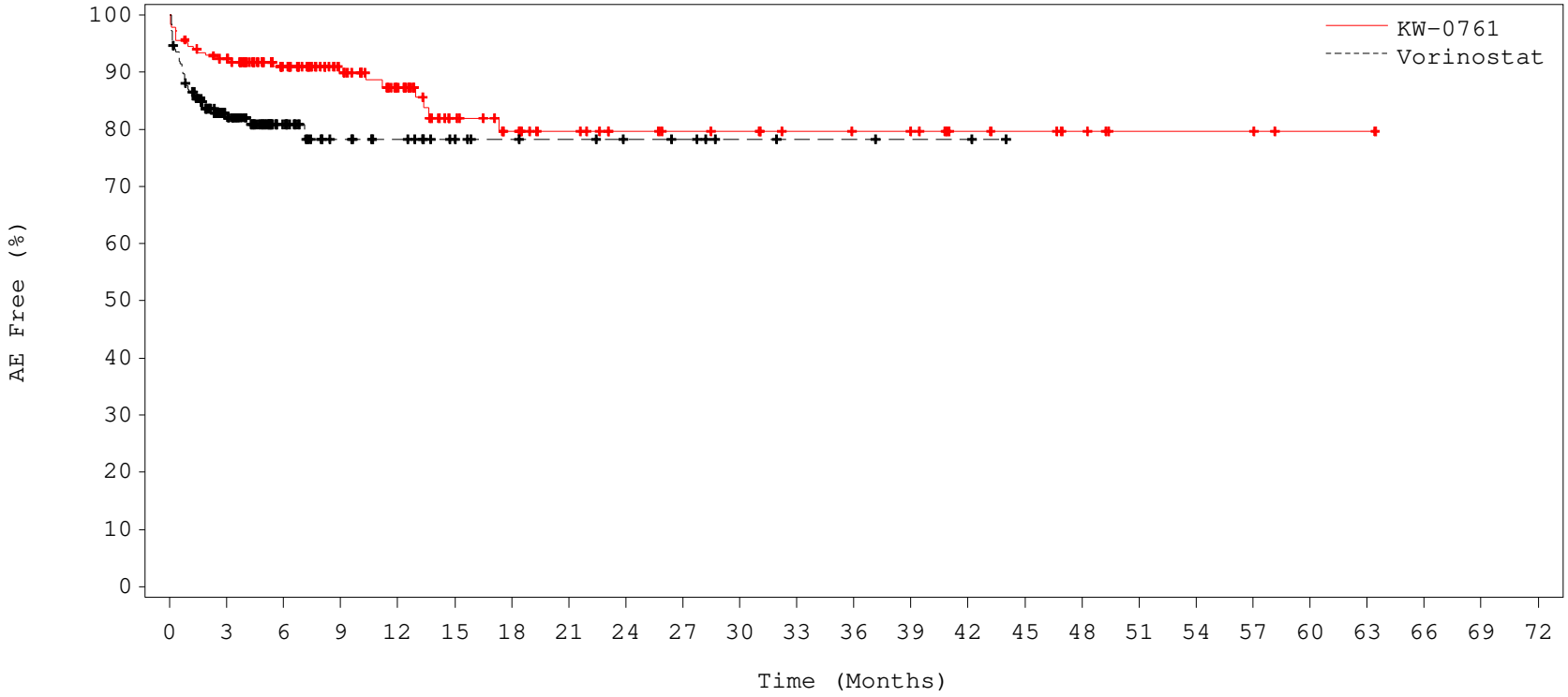
No. at Risk:

KW:	184	179	119	89	67	45	37	31	25	23	22	19	17	15	9	8	6	4	4	4	1	1	0	0	0
VOR:	186	110	48	26	20	12	10	10	7	5	3	2	2	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
GASTROINTESTINAL DISORDERS
CONSTIPATION - Safety Population



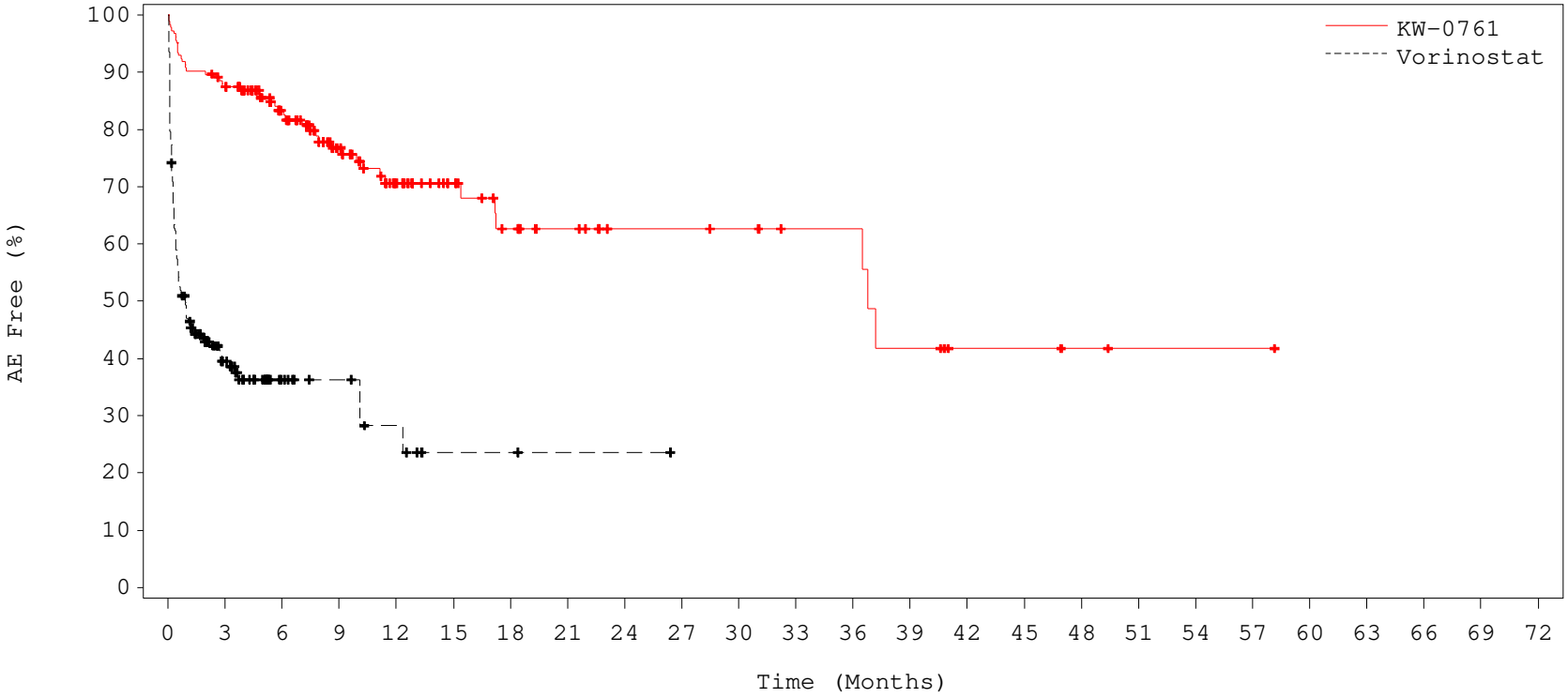
No. at Risk:

KW:	184	166	109	80	62	39	32	26	21	19	18	15	14	14	9	8	6	3	3	3	1	1	0	0	0
VOR:	186	94	41	24	20	14	11	10	8	7	4	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
GASTROINTESTINAL DISORDERS
DIARRHOEA - Safety Population



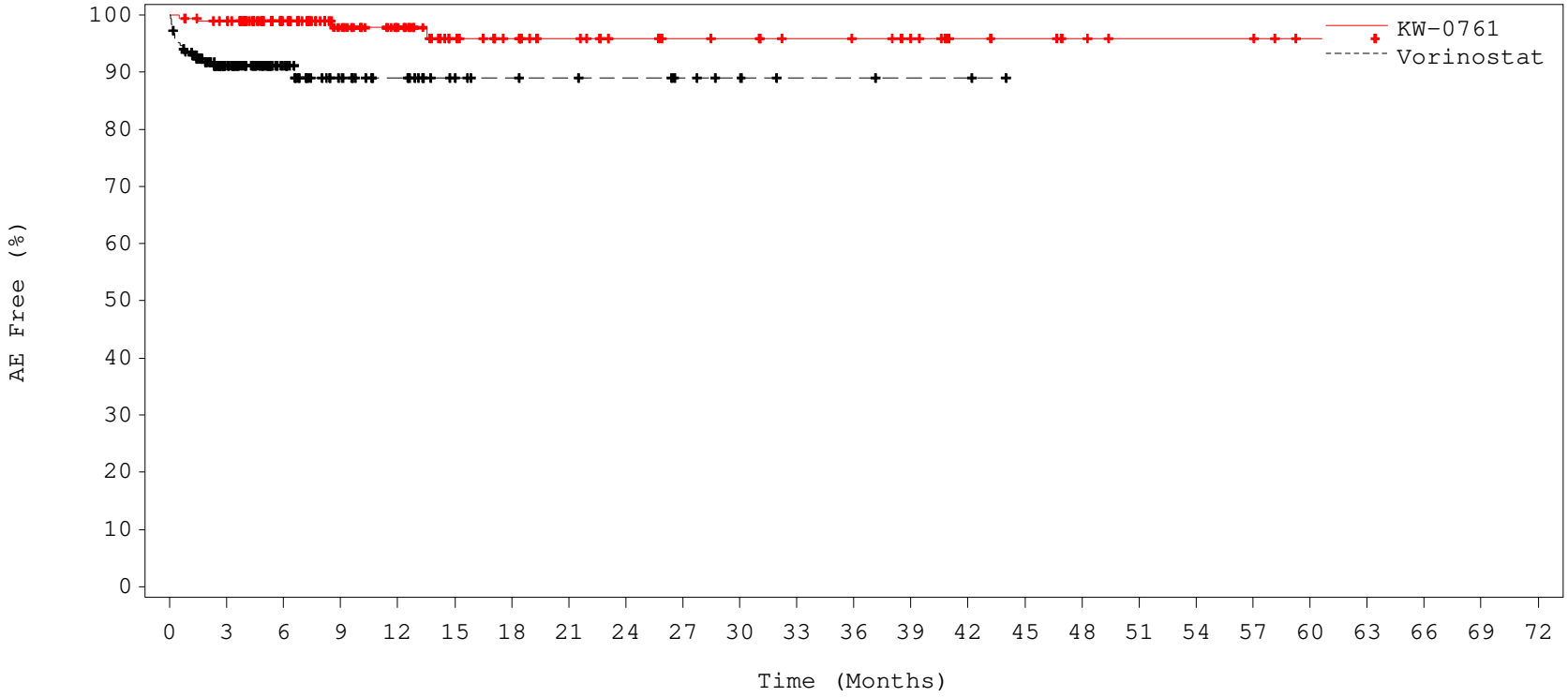
No. at Risk:

KW:	184	159	102	70	46	31	22	18	12	12	11	9	9	6	3	3	2	1	1	1	0	0	0	0	0
VOR:	186	43	15	10	6	2	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
GASTROINTESTINAL DISORDERS
DRY MOUTH - Safety Population



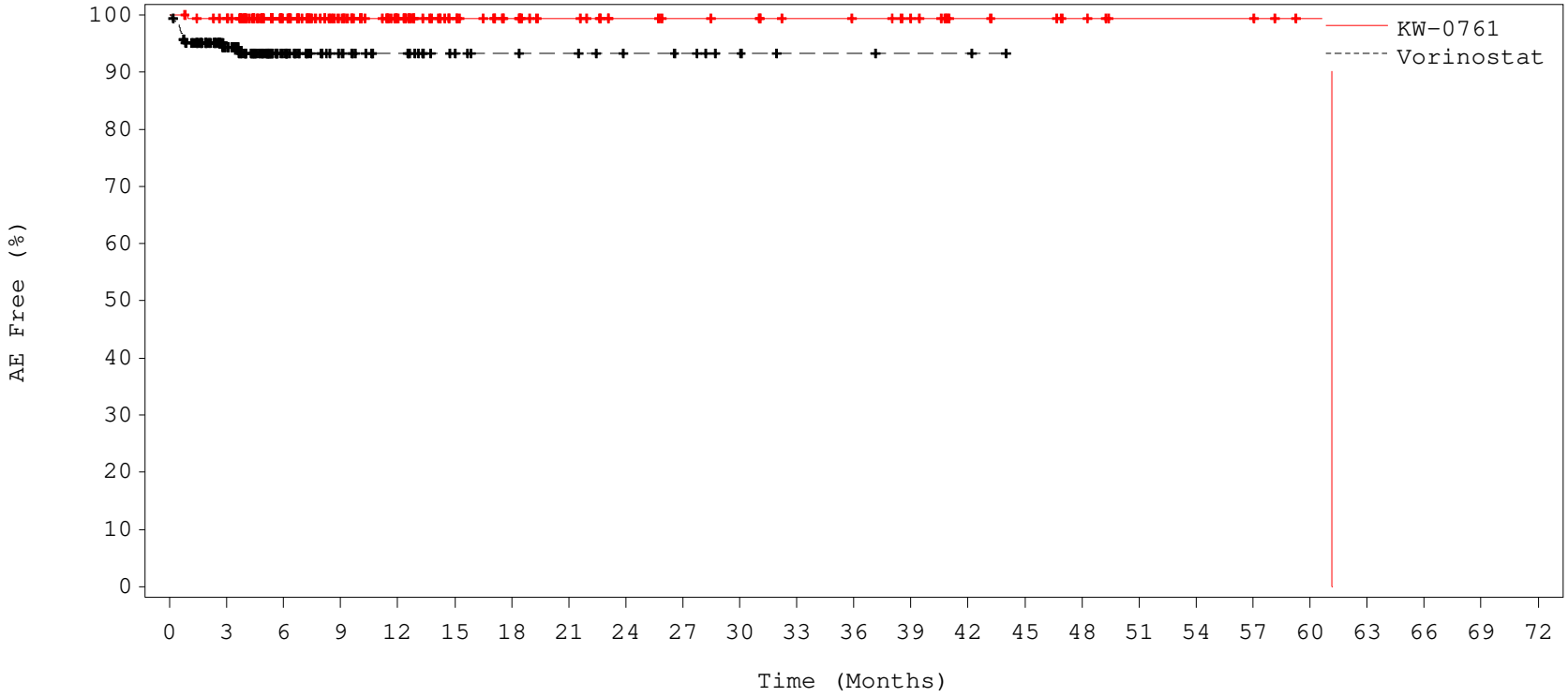
No. at Risk:

KW:	184	178	118	87	66	43	36	30	24	22	21	18	17	15	9	8	6	4	4	4	1	1	0	0	0
VOR:	186	105	51	29	22	14	11	10	9	7	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
GASTROINTESTINAL DISORDERS
DYSPEPSIA - Safety Population



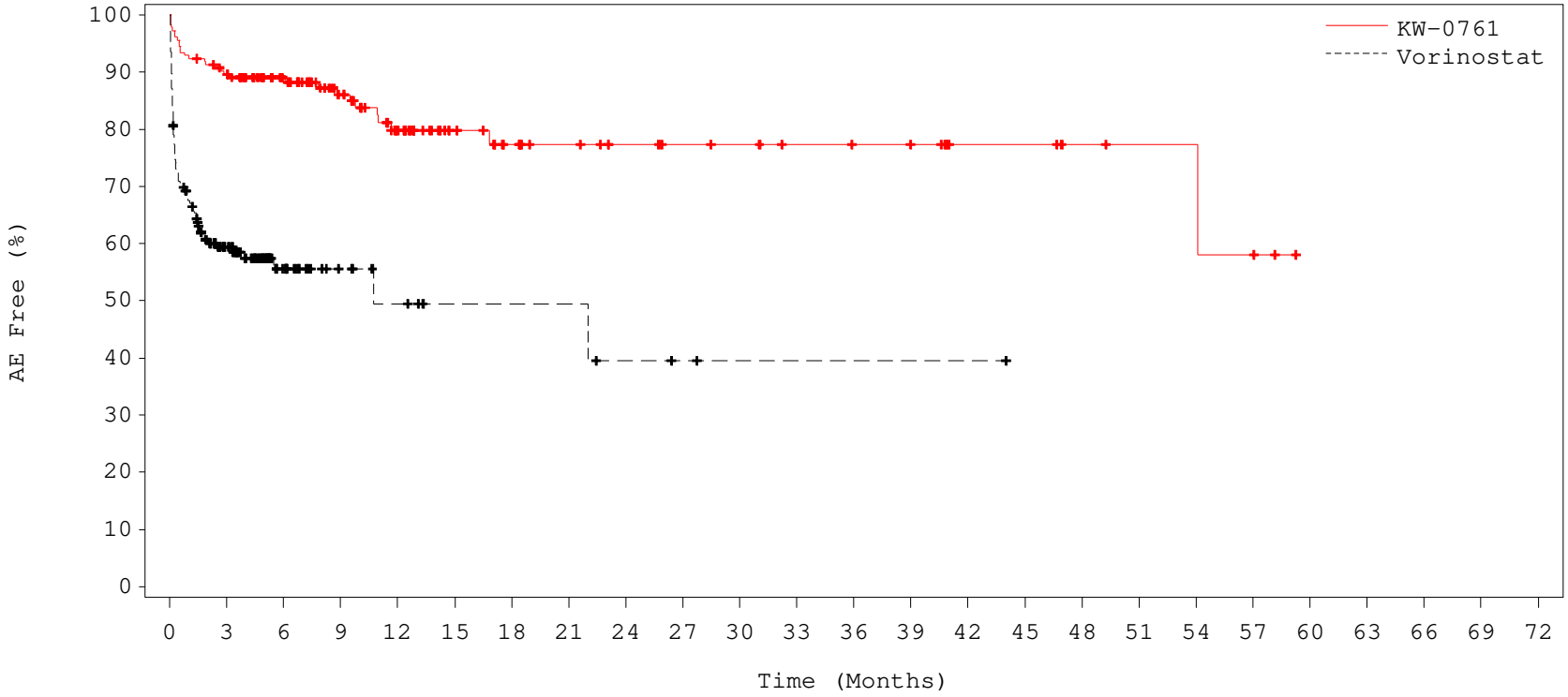
No. at Risk:

KW:	184	179	119	90	67	45	37	31	25	23	22	19	18	16	10	9	7	4	4	4	1	0	0	0	0
VOR:	186	108	51	31	24	16	13	12	9	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
GASTROINTESTINAL DISORDERS
NAUSEA - Safety Population



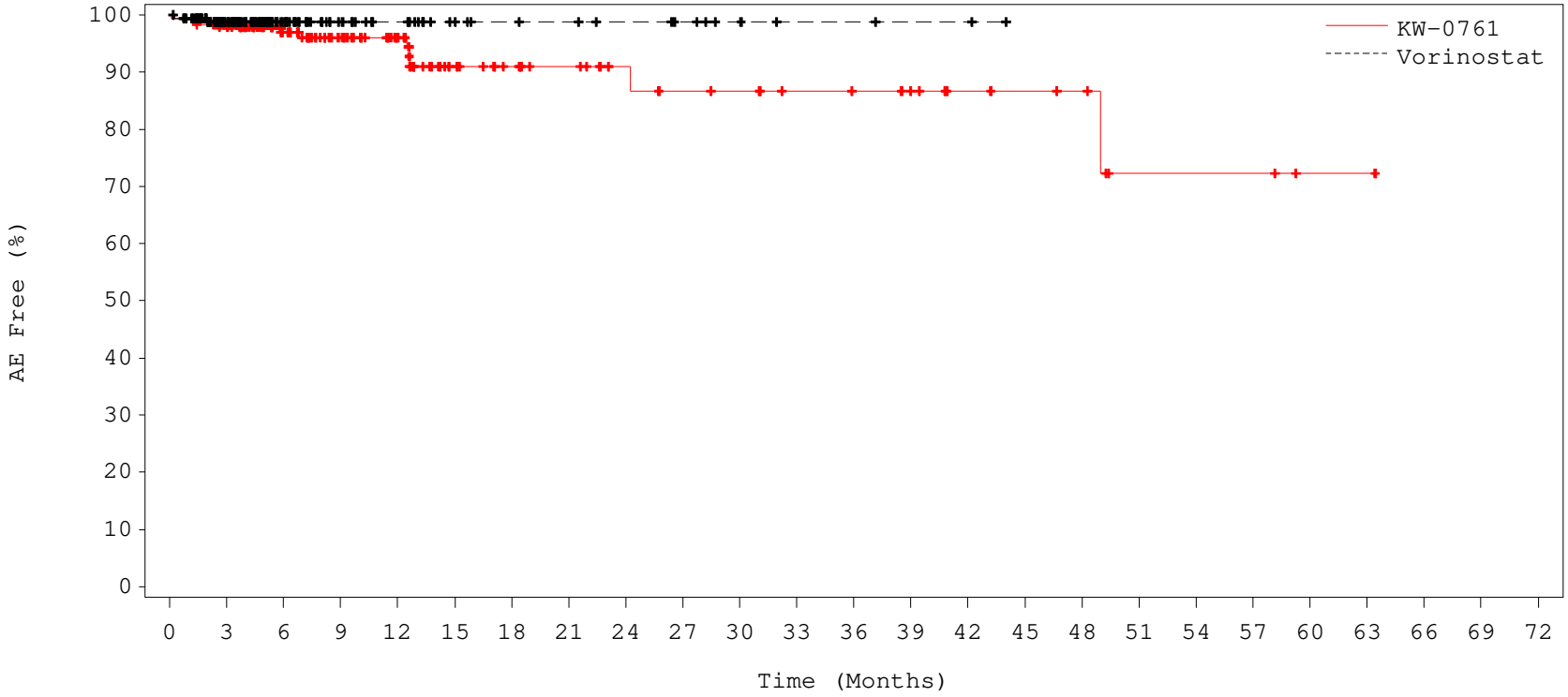
No. at Risk:

KW:	184	162	105	77	55	35	27	22	18	16	15	13	12	12	7	7	5	4	4	3	0	0	0	0	0
VOR:	186	69	27	12	8	5	5	5	3	2	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
GASTROINTESTINAL DISORDERS
STOMATITIS - Safety Population



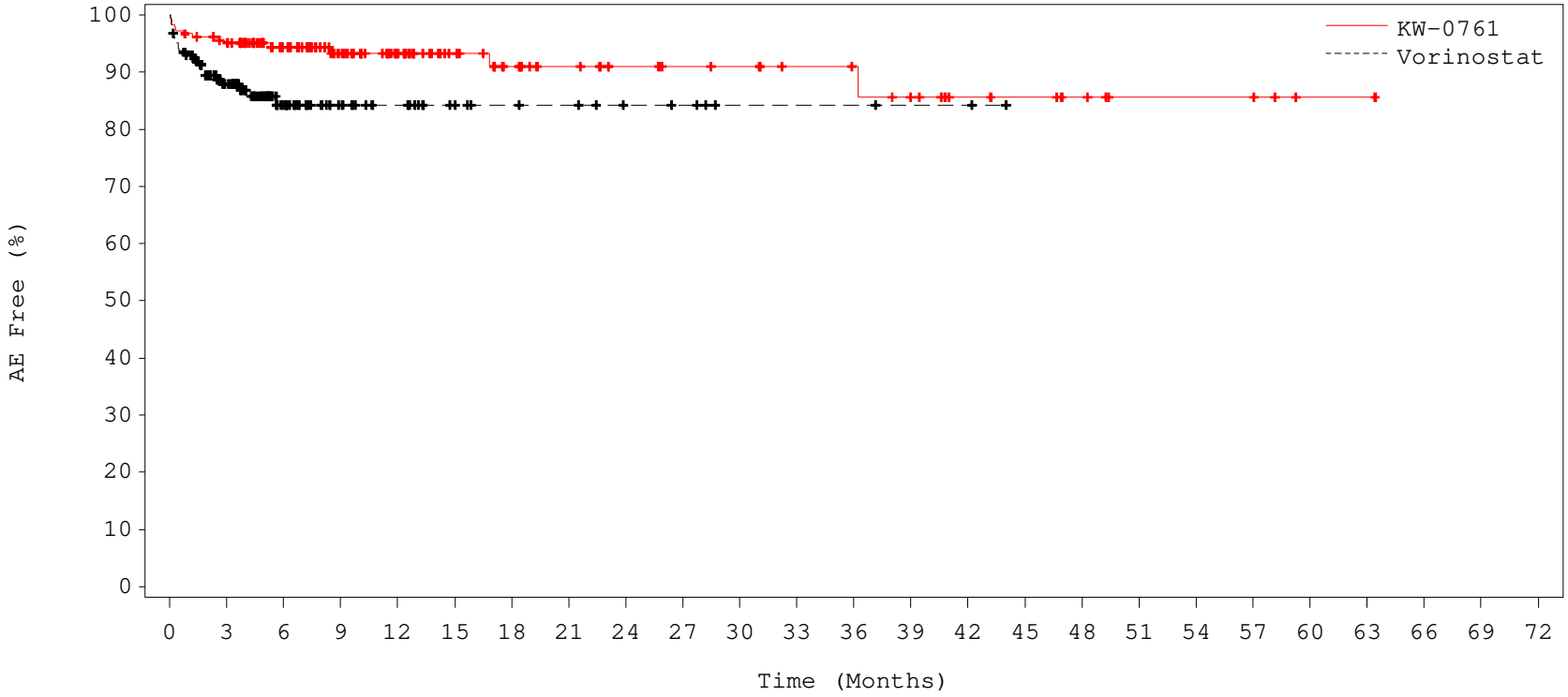
No. at Risk:

KW:	184	176	115	85	64	39	32	27	21	19	18	15	14	13	9	8	7	3	3	3	1	1	0	0	0
VOR:	186	113	53	31	24	16	13	12	10	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
GASTROINTESTINAL DISORDERS
VOMITING - Safety Population



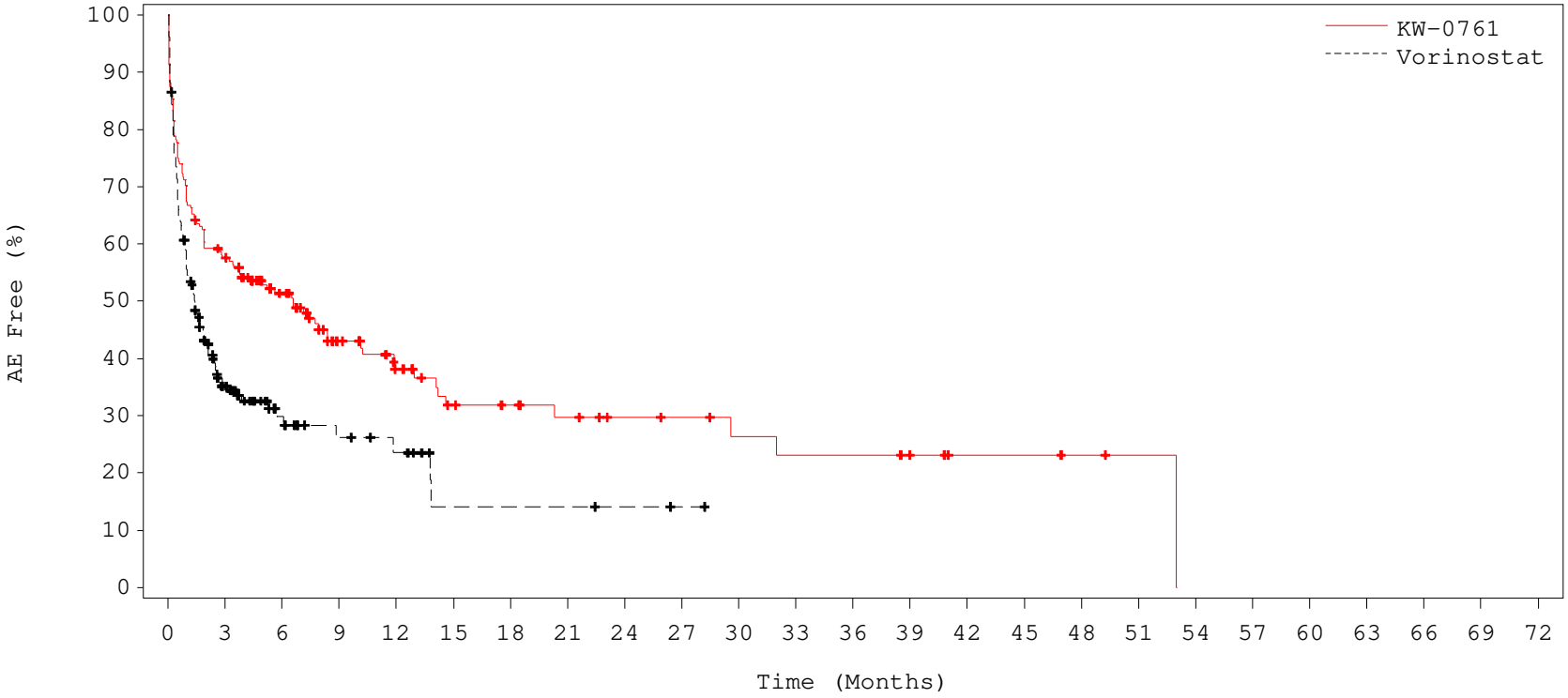
No. at Risk:

KW:	184	171	114	86	63	44	35	29	24	22	21	18	17	15	10	9	7	4	4	4	1	1	0	0	0
VOR:	186	104	48	27	21	14	11	10	7	6	3	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS
Safety Subjects



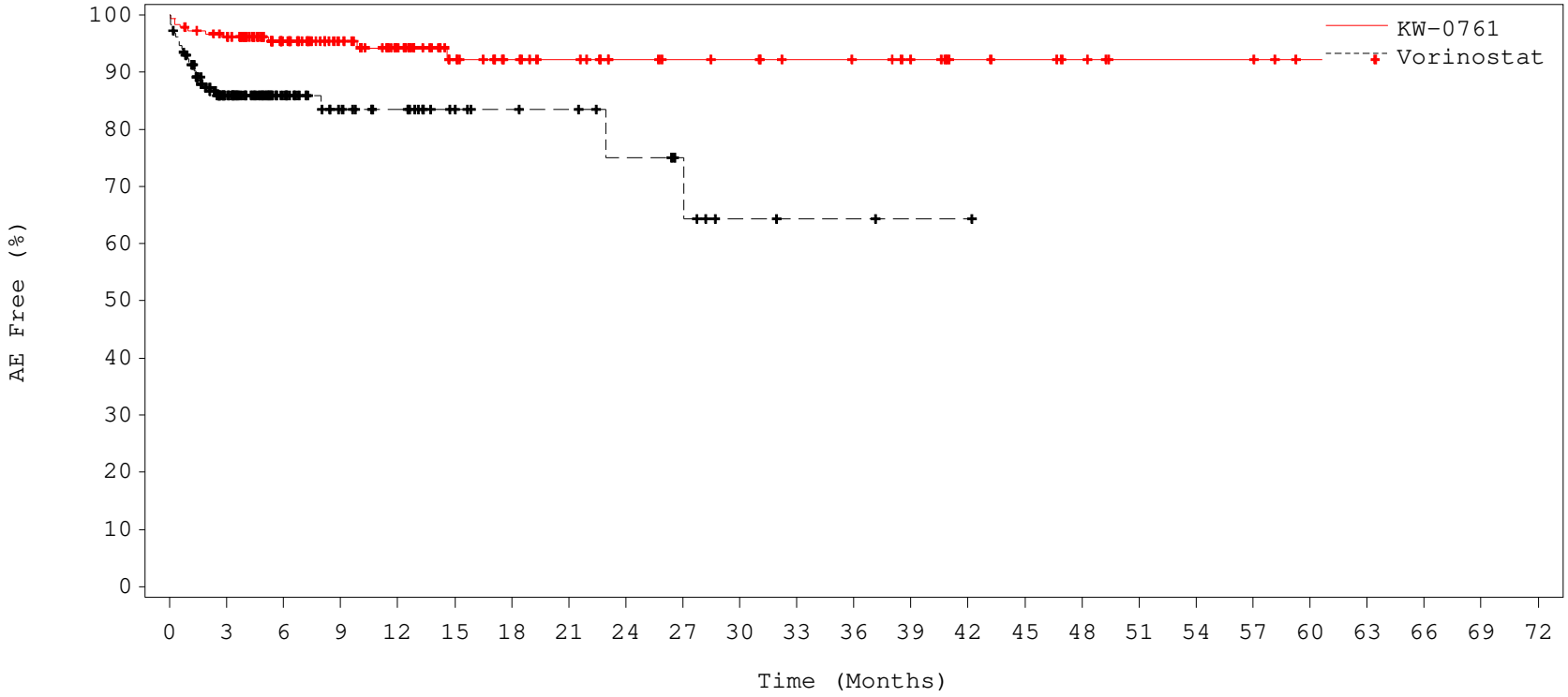
No. at Risk:

KW:	184	104	64	40	28	19	17	14	11	10	8	7	7	6	3	3	2	1	0	0	0	0	0	0	0
VOR:	186	47	20	12	9	3	3	3	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS
ASTHENIA - Safety Population



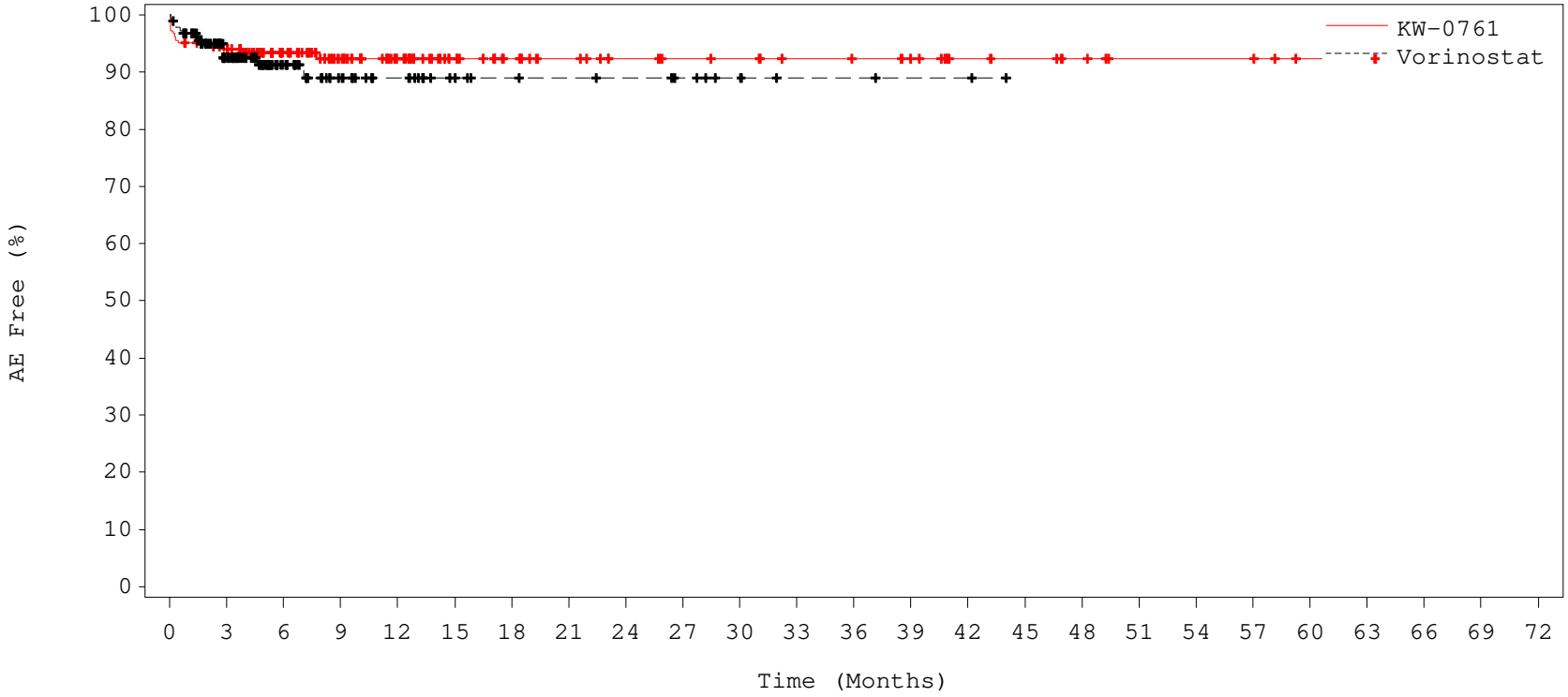
No. at Risk:

KW:	184	173	112	84	64	42	34	30	24	22	21	18	17	15	10	9	7	4	4	4	1	1	0	0	0
VOR:	186	105	49	29	24	16	13	12	9	7	3	2	2	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS
CHILLS - Safety Population



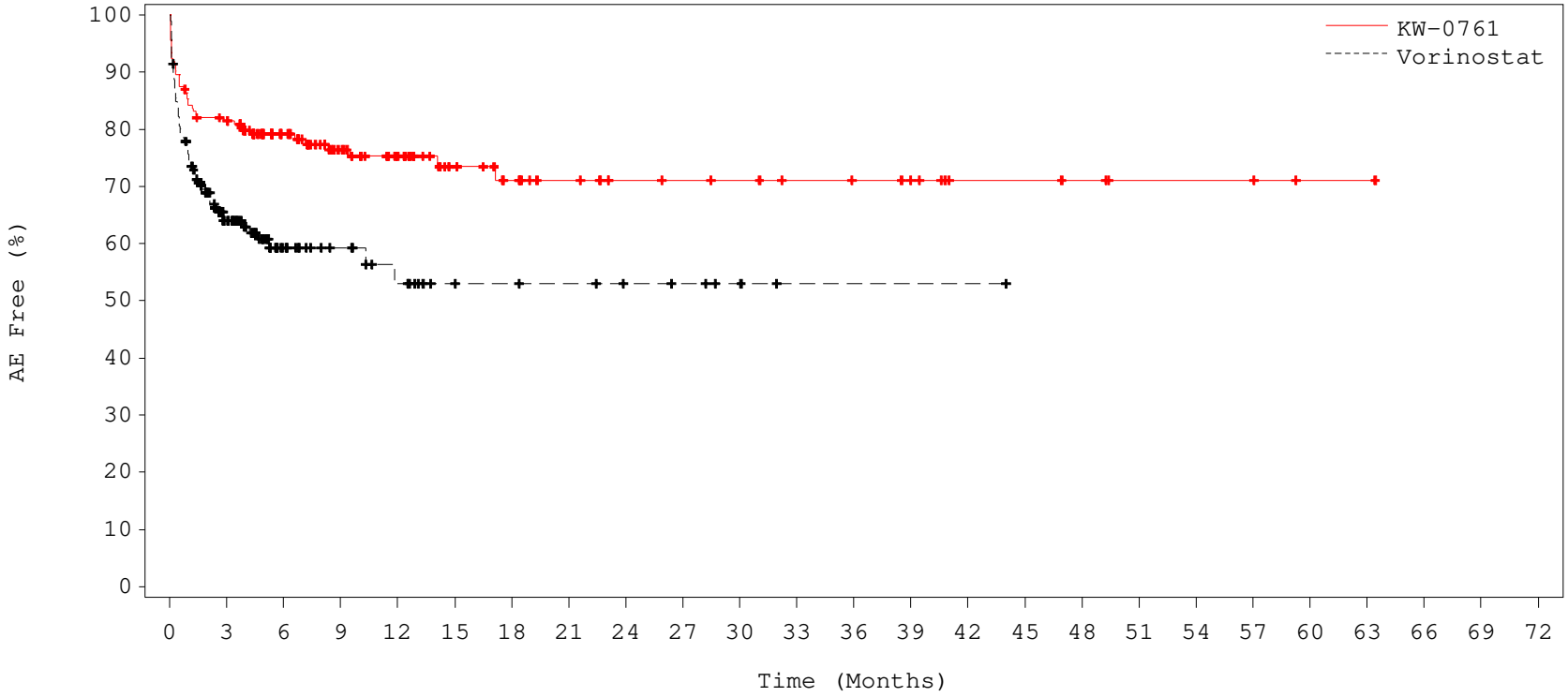
No. at Risk:

KW:	184	169	113	82	61	42	34	29	24	22	21	18	17	16	10	9	7	4	4	4	1	1	0	0	0
VOR:	186	105	49	29	22	15	12	11	10	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS
FATIGUE - Safety Population



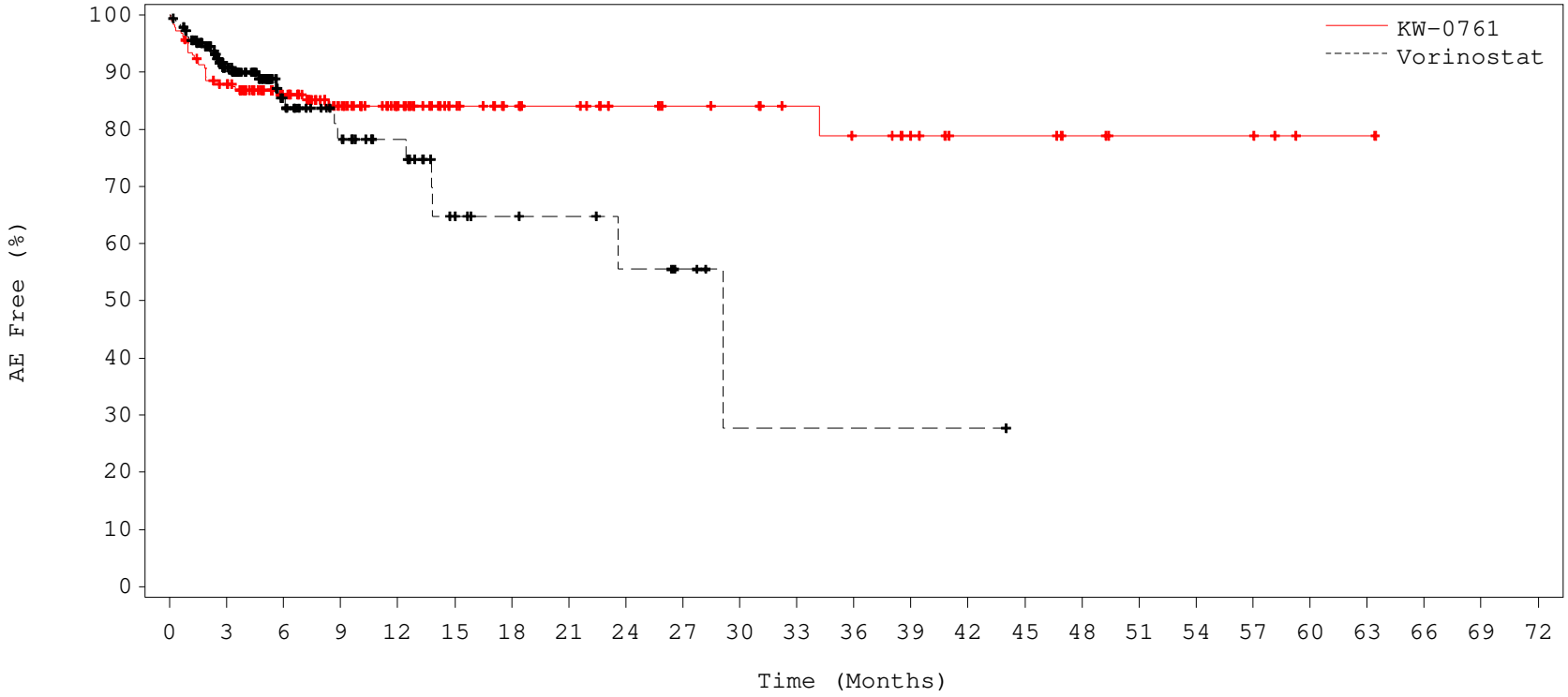
No. at Risk:

KW:	184	147	98	72	55	35	28	22	17	16	15	13	12	11	6	6	5	3	3	3	1	1	0	0	0
VOR:	186	79	32	22	16	10	9	8	6	5	3	1	1	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS
OEDEMA PERIPHERAL - Safety Population



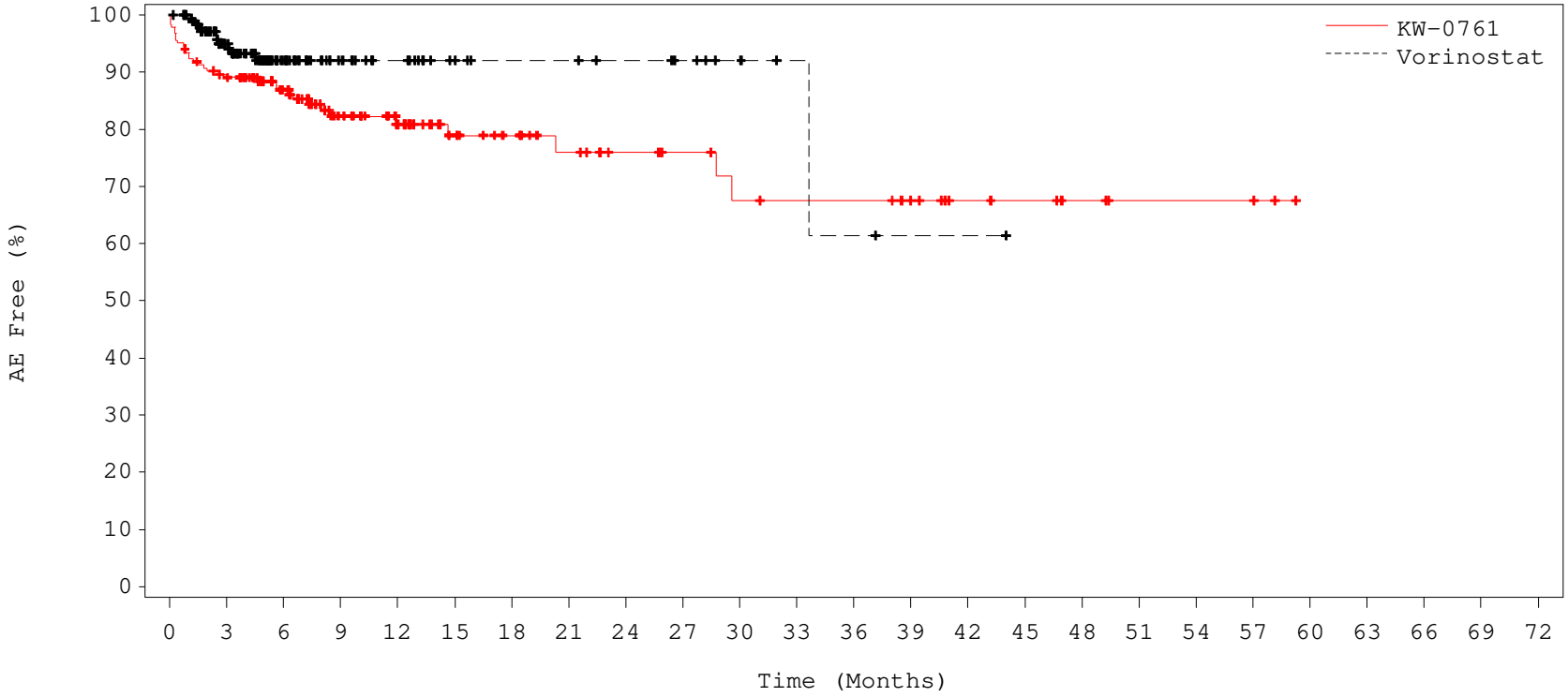
No. at Risk:

KW:	184	158	105	77	57	39	32	28	22	20	19	16	14	12	8	8	6	4	4	4	1	1	0	0	0
VOR:	186	108	48	29	22	12	9	8	6	4	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS
PYREXIA - Safety Population



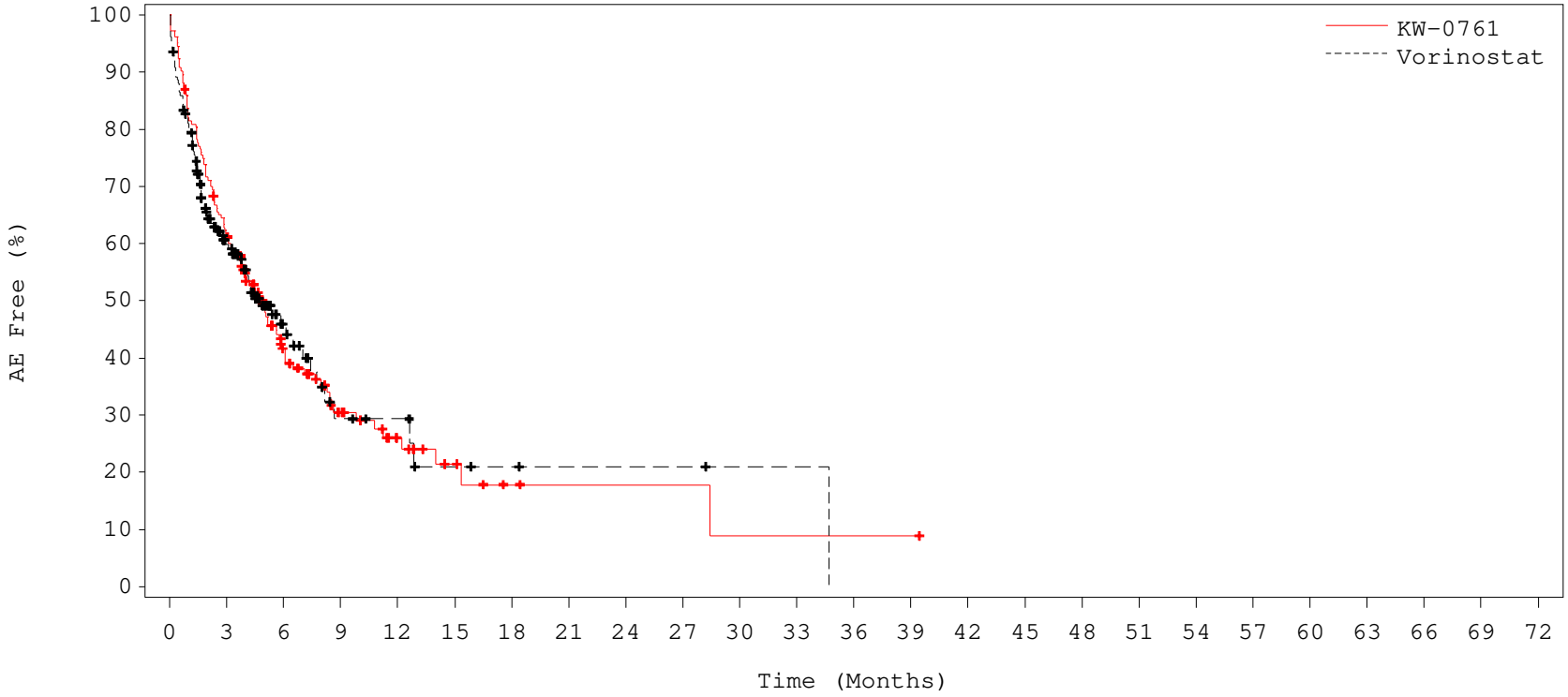
No. at Risk:

KW:	184	161	109	76	56	38	32	26	21	19	16	15	15	13	8	7	5	3	3	3	0	0	0	0	0
VOR:	186	110	52	30	23	15	12	12	10	8	5	3	2	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
INFECTIONS AND INFESTATIONS
Safety Subjects



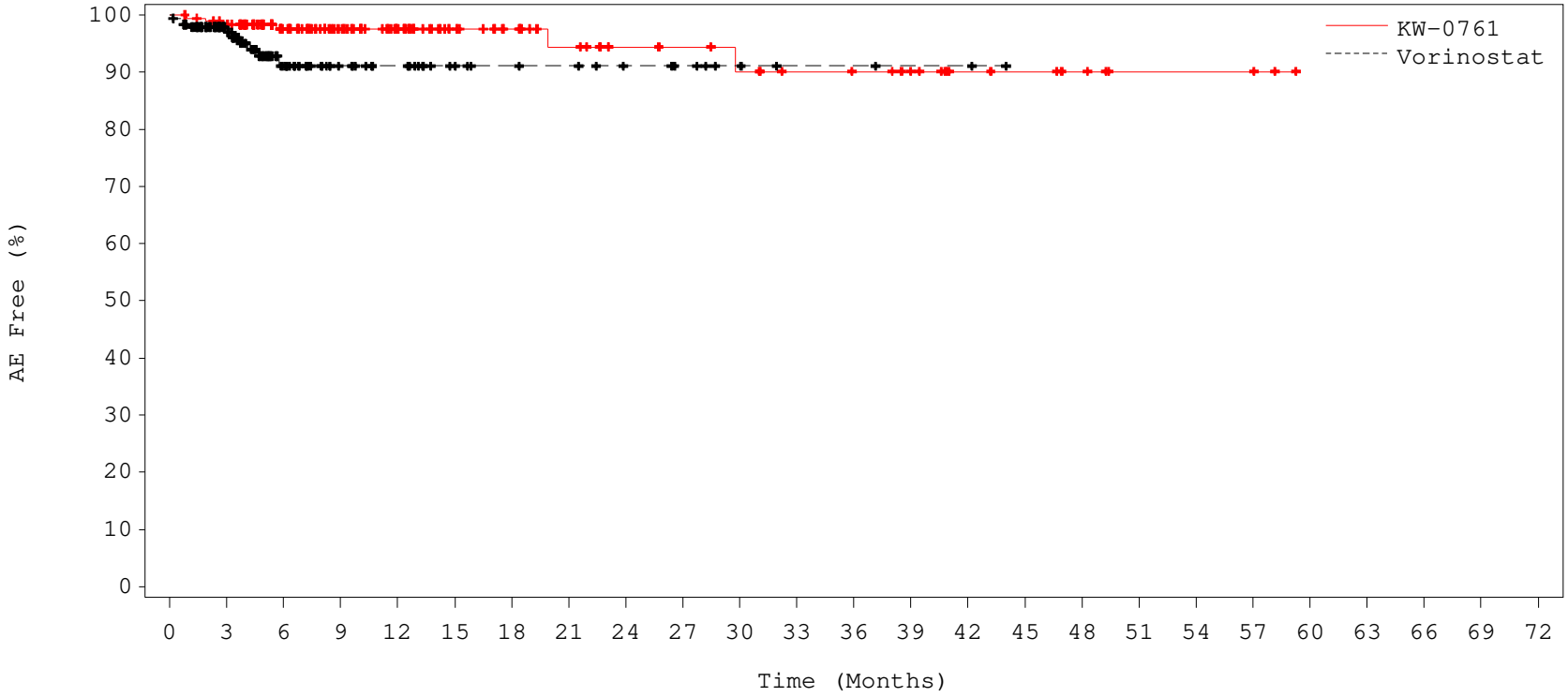
No. at Risk:

KW:	184	111	49	24	13	7	3	2	2	2	1	1	1	1	0	0	0	0	0	0	0	0	0	0
VOR:	186	73	25	10	8	4	3	2	2	2	1	1	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
INFECTIONS AND INFESTATIONS
CELLULITIS - Safety Population



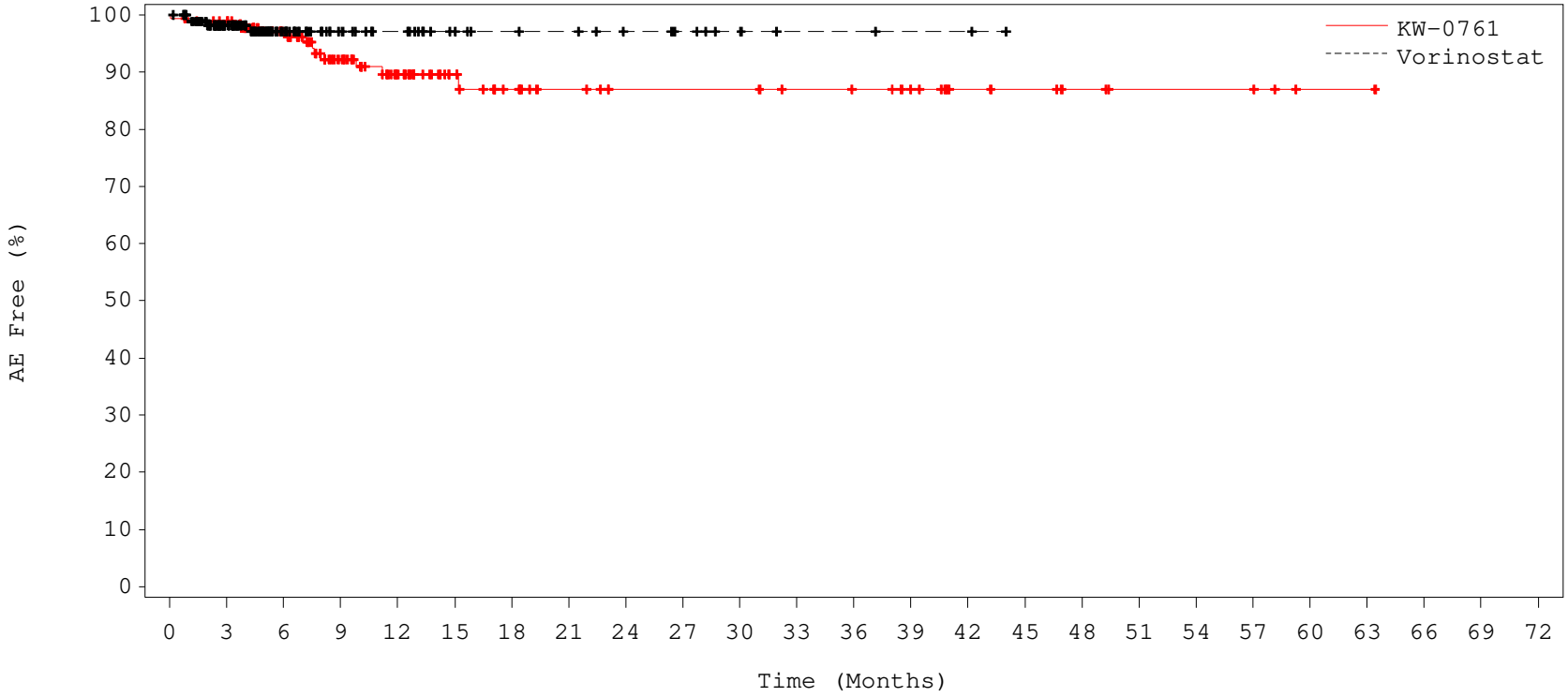
No. at Risk:

KW:	184	177	119	89	67	45	37	30	24	23	21	18	17	15	9	8	6	3	3	3	0	0	0	0	0
VOR:	186	113	51	31	25	17	14	13	10	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
INFECTIONS AND INFESTATIONS
FOLLICULITIS - Safety Population



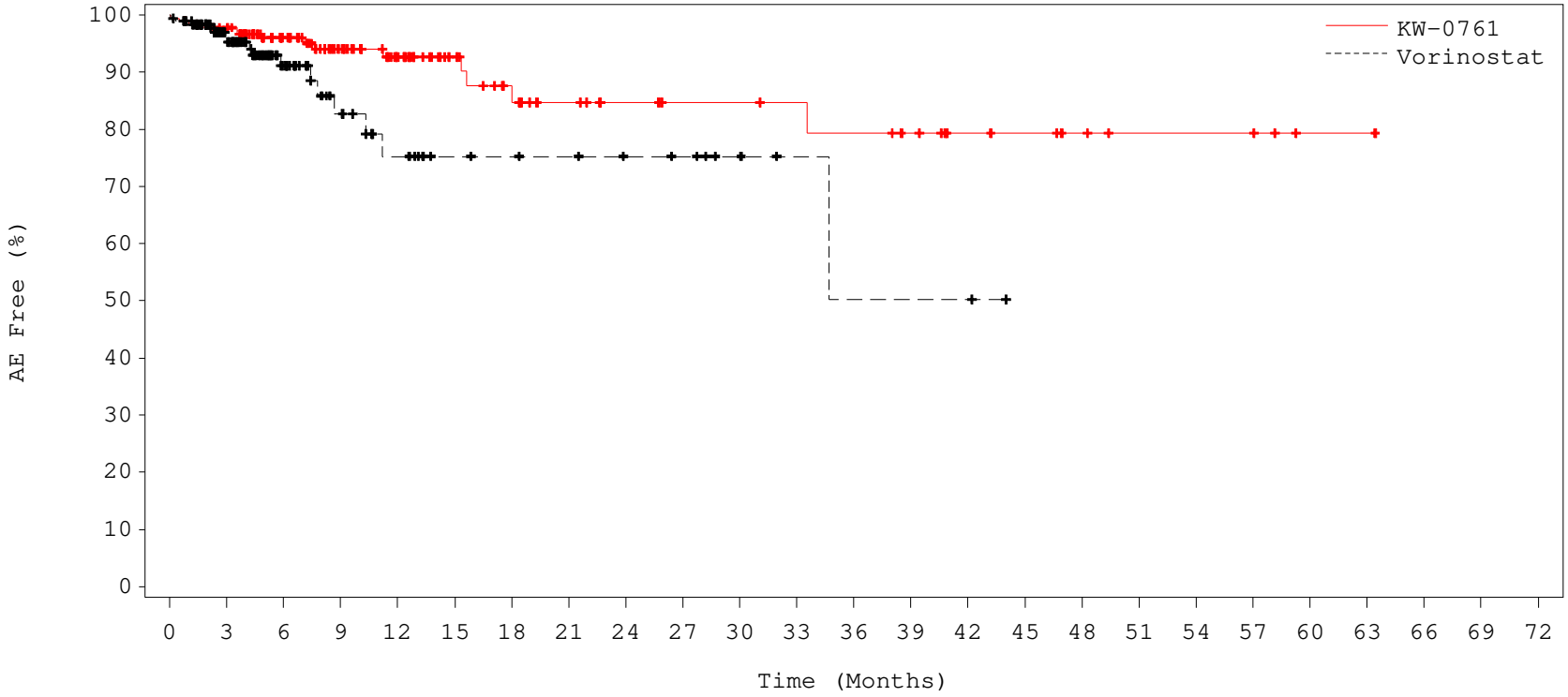
No. at Risk:

KW:	184	178	115	80	57	37	29	24	20	20	20	18	17	15	9	8	6	4	4	4	1	1	0	0	0
VOR:	186	112	52	31	25	17	14	13	10	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
INFECTIONS AND INFESTATIONS
NASOPHARYNGITIS - Safety Population



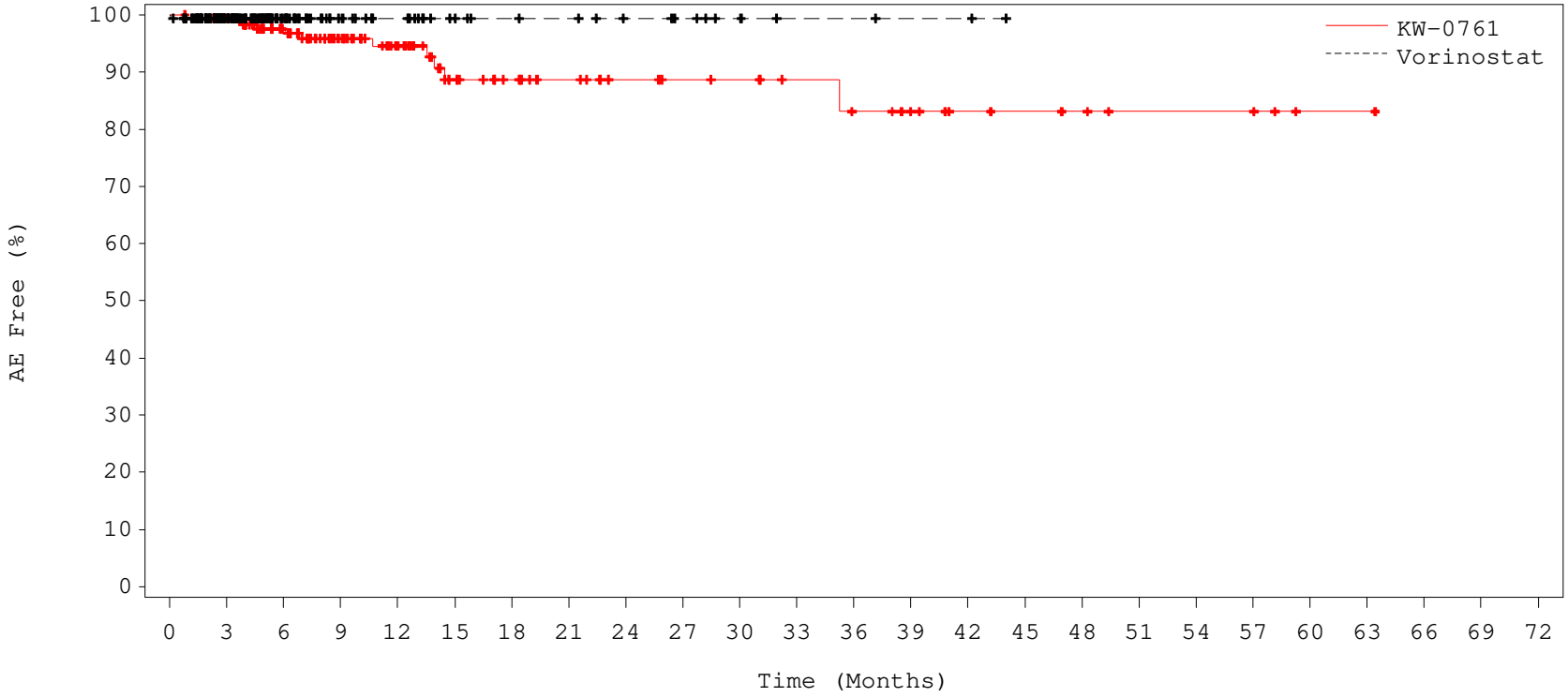
No. at Risk:

KW:	184	176	114	82	61	39	30	23	19	17	17	16	15	13	9	8	6	4	4	4	1	1	0	0	0
VOR:	186	109	48	26	19	13	12	11	9	8	5	3	2	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
INFECTIONS AND INFESTATIONS
ORAL CANDIDIASIS - Safety Population



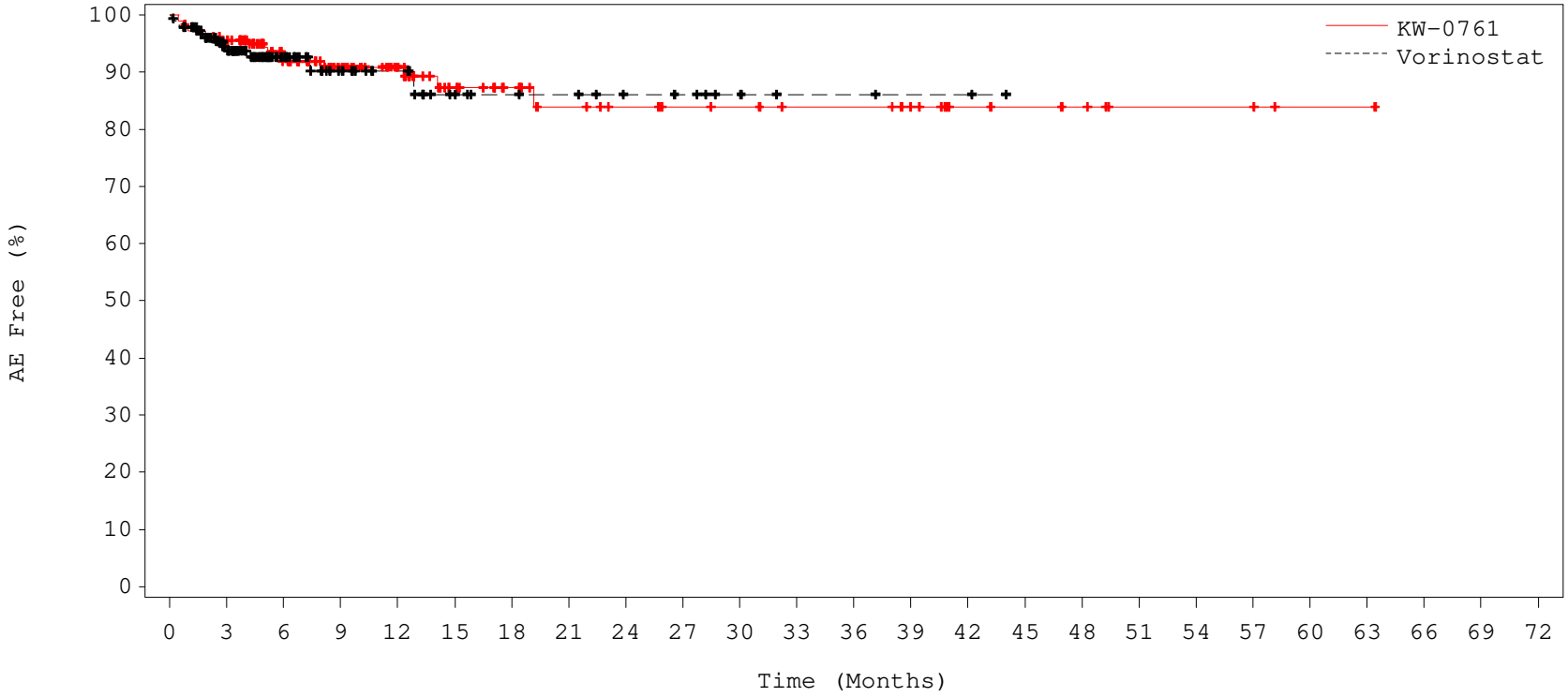
No. at Risk:

KW:	184	179	117	86	65	40	33	28	22	20	19	16	14	12	8	7	6	4	4	4	1	1	0	0	0
VOR:	186	114	53	31	25	17	14	13	10	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
INFECTIONS AND INFESTATIONS
SKIN INFECTION - Safety Population



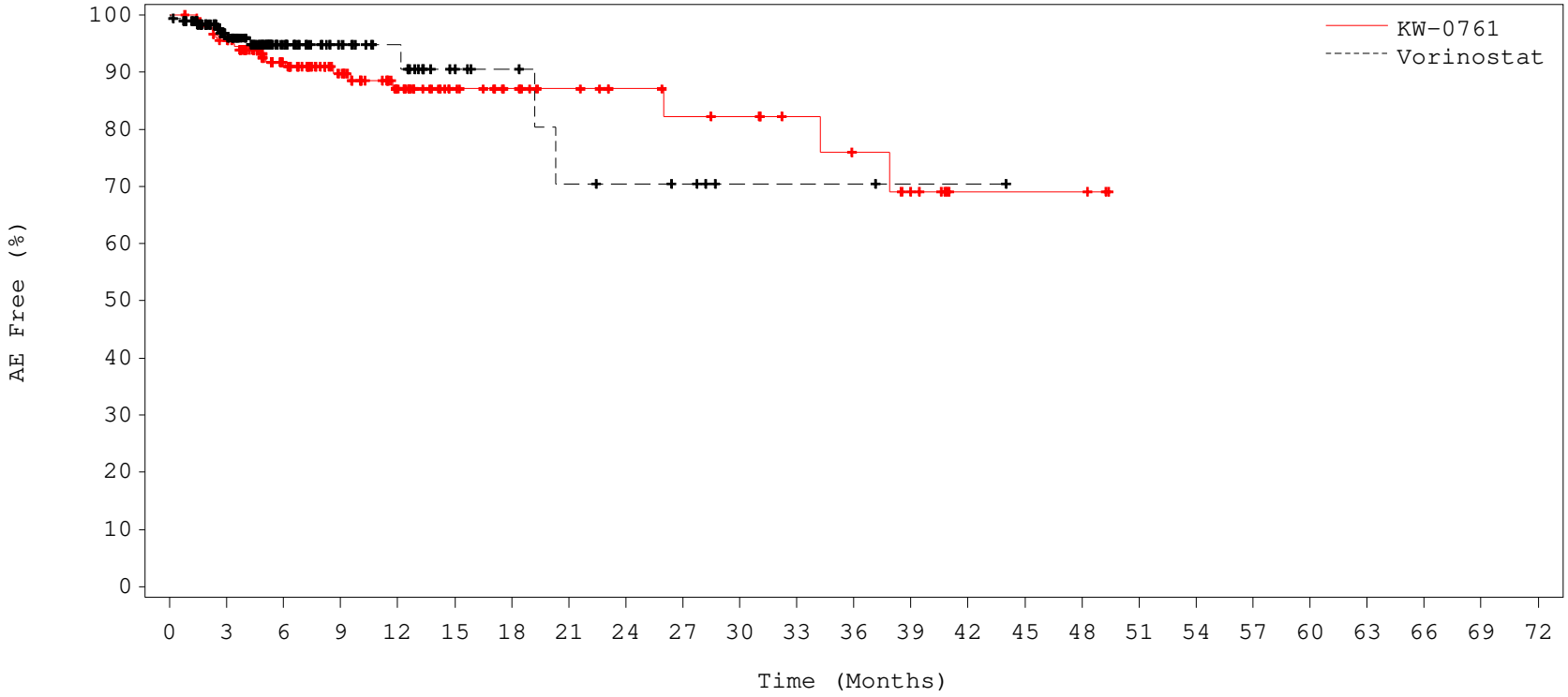
No. at Risk:

KW:	184	172	109	81	59	39	31	24	21	19	18	16	16	14	8	7	6	3	3	3	1	1	0	0	0
VOR:	186	110	54	31	24	16	13	12	9	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
INFECTIONS AND INFESTATIONS
UPPER RESPIRATORY TRACT INFECTION - Safety Population



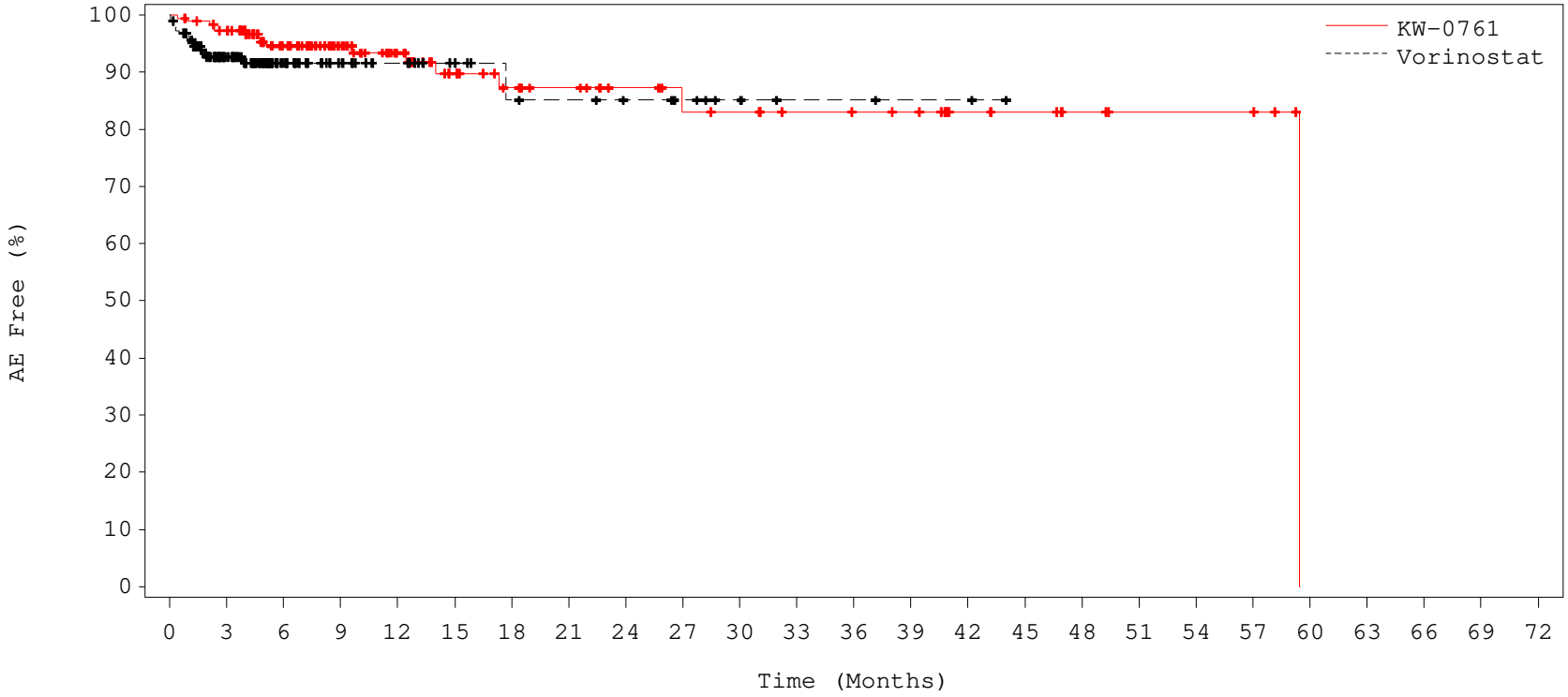
No. at Risk:

KW:	184	172	106	77	55	35	28	23	19	17	16	13	11	9	3	3	3	0	0	0	0	0	0	0
VOR:	186	111	50	29	22	13	10	7	6	5	2	2	2	1	1	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
INFECTIONS AND INFESTATIONS
URINARY TRACT INFECTION - Safety Population



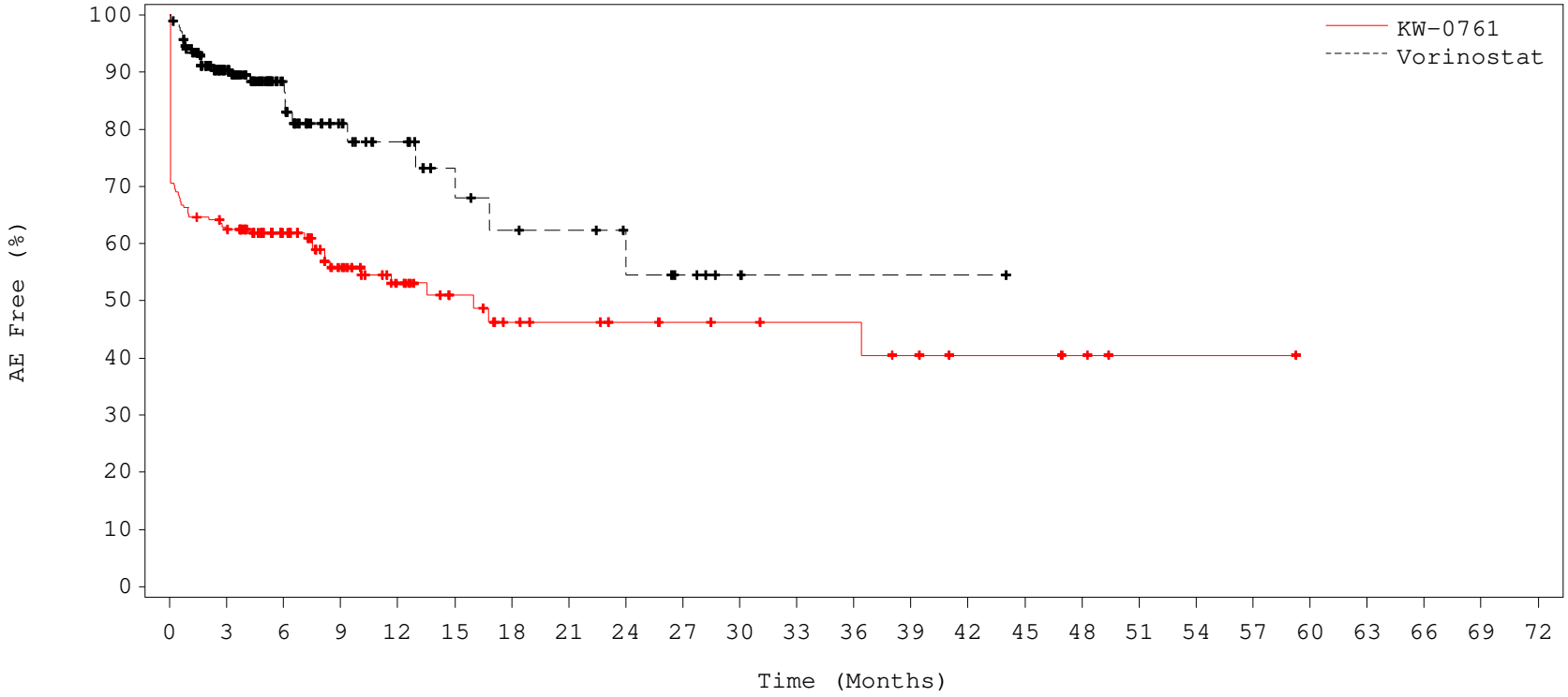
No. at Risk:

KW:	184	175	112	83	61	41	34	29	23	20	19	16	15	14	9	8	6	4	4	4	0	0	0	0	0
VOR:	186	107	48	29	23	17	13	12	10	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
INJURY, POISONING AND PROCEDURAL COMPLICATIONS
Safety Subjects



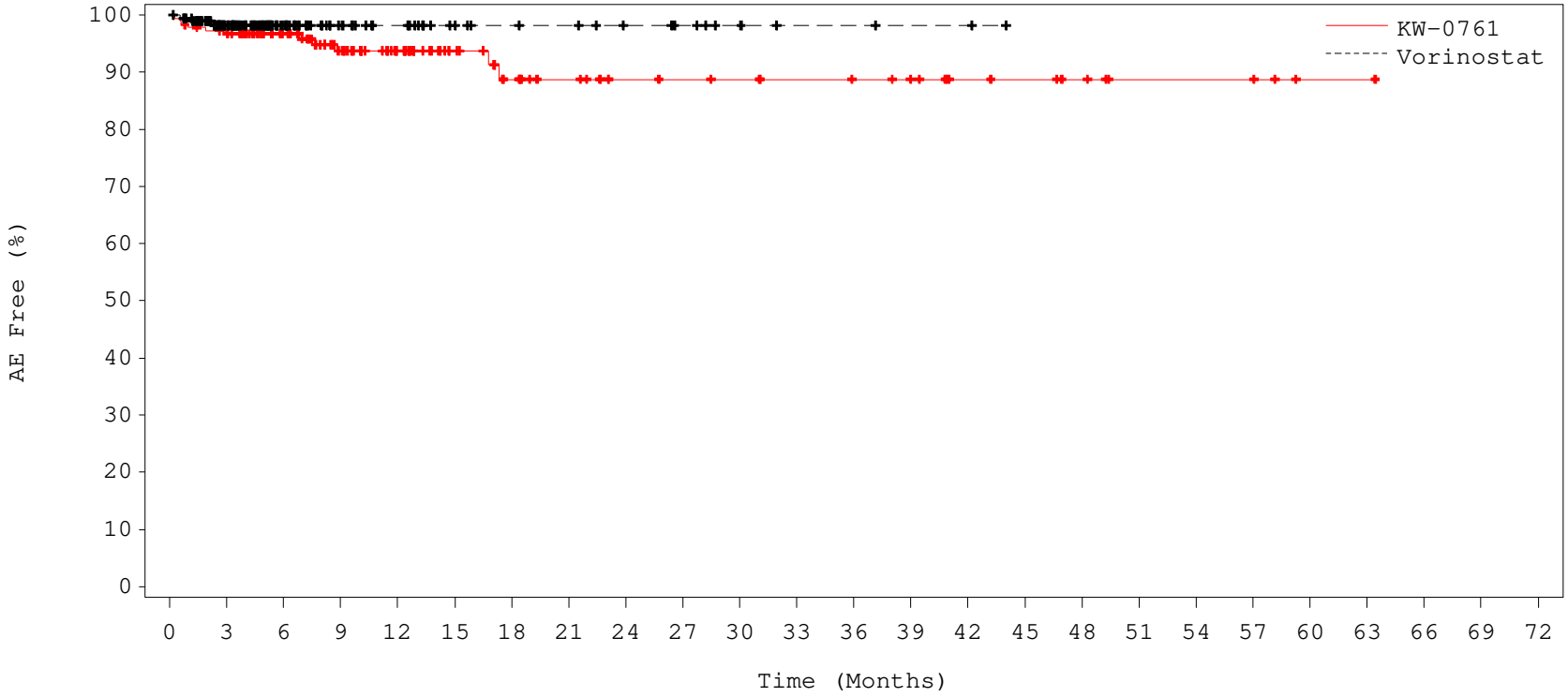
No. at Risk:

KW:	184	113	73	50	34	22	16	14	11	10	9	8	8	6	4	4	3	1	1	1	0	0	0	0	0
VOR:	186	106	49	26	20	14	11	10	8	5	2	1	1	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
INJURY, POISONING AND PROCEDURAL COMPLICATIONS
FALL - Safety Population



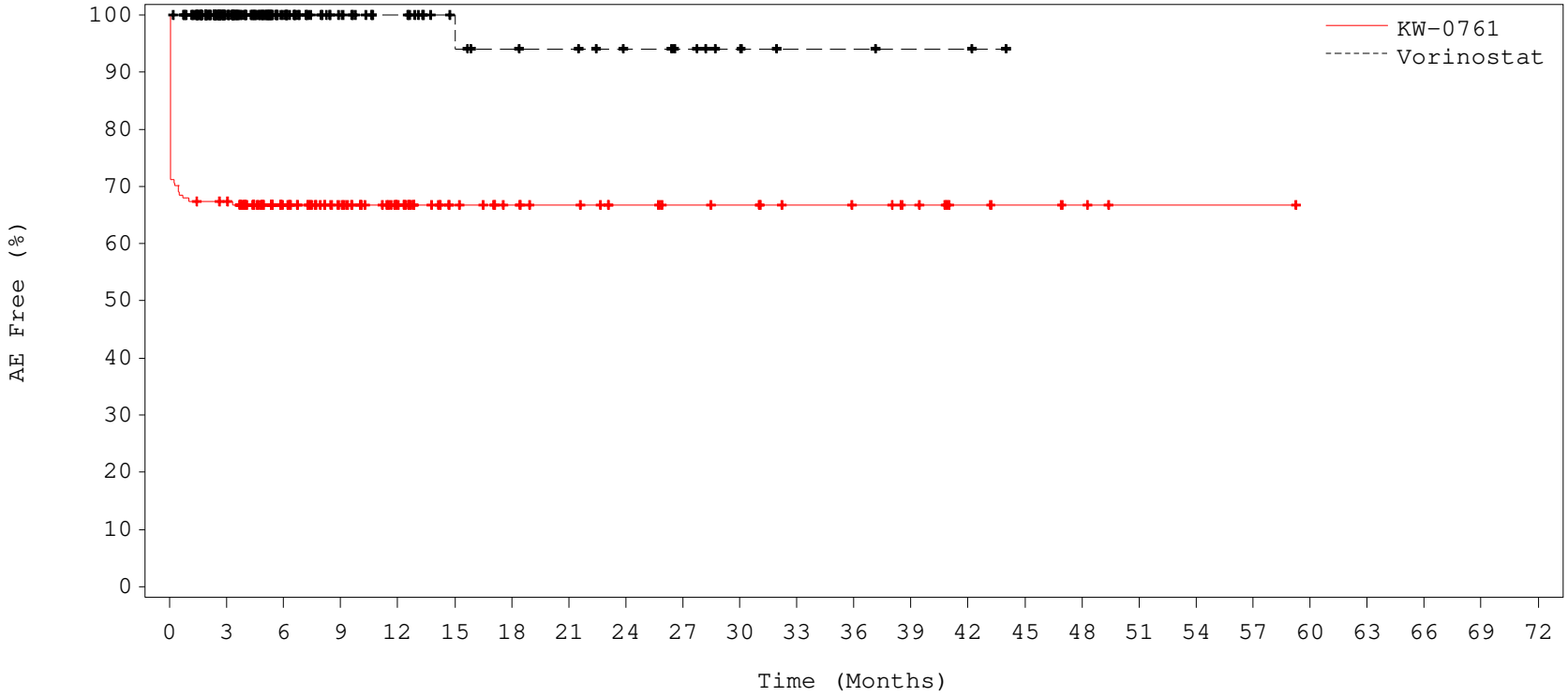
No. at Risk:

KW:	184	175	116	84	62	42	33	27	21	20	19	17	16	15	10	9	7	4	4	4	1	1	0	0	0
VOR:	186	114	54	32	25	17	14	13	10	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
INJURY, POISONING AND PROCEDURAL COMPLICATIONS
INFUSION RELATED REACTION - Safety Population



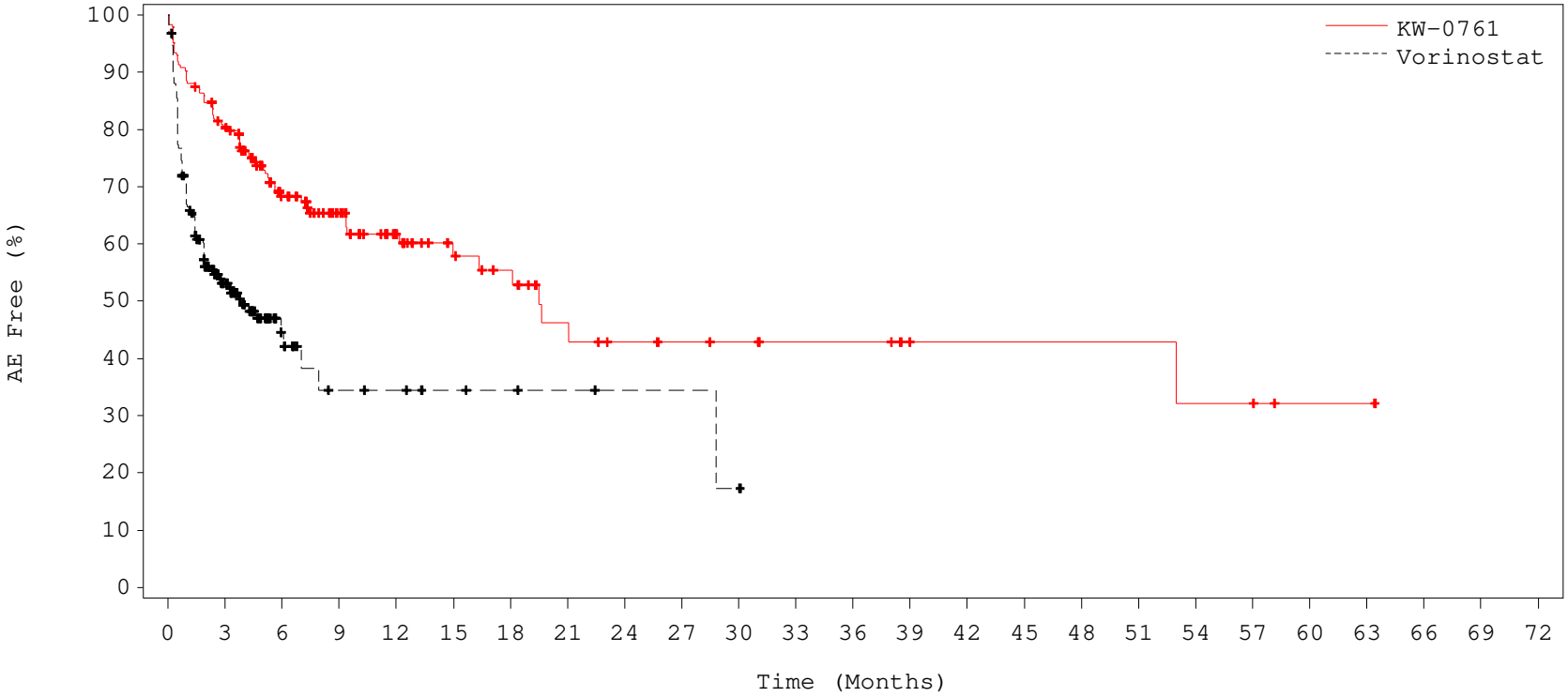
No. at Risk:

KW:	184	122	79	62	46	30	25	22	18	16	15	12	11	9	5	4	3	1	1	1	0	0	0	0	0
VOR:	186	115	54	32	25	17	14	13	10	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
INVESTIGATIONS
Safety Subjects



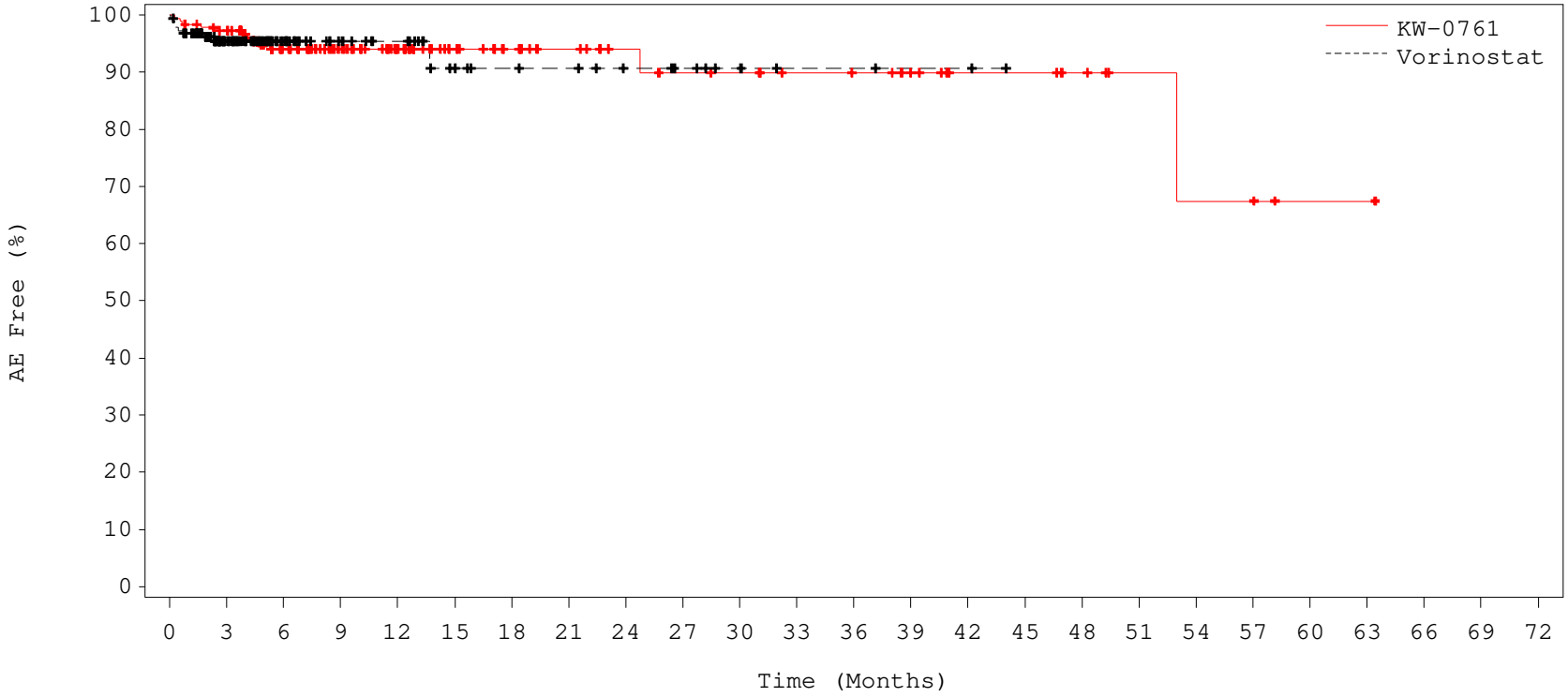
No. at Risk:

KW:	184	145	77	58	39	25	21	14	11	10	9	7	7	5	4	4	4	4	3	3	1	1	0	0	0
VOR:	186	64	18	8	7	5	4	3	2	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
INVESTIGATIONS
ALANINE AMINOTRANSFERASE INCREASED - Safety Population



No. at Risk:

KW:	184	175	111	83	63	43	35	29	23	21	20	17	16	14	9	9	7	4	3	3	1	1	0	0	0
VOR:	186	107	50	31	26	17	14	13	10	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

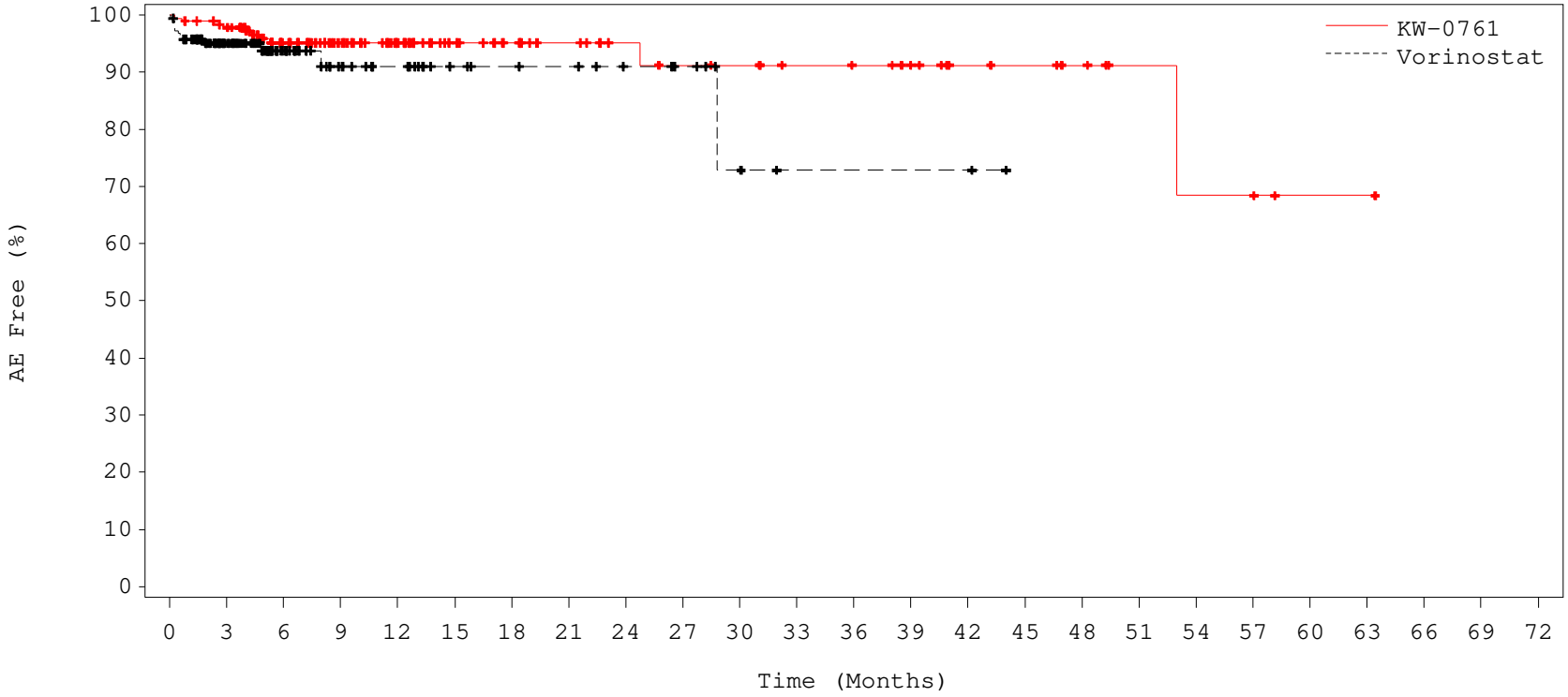
Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period

INVESTIGATIONS

ASPARTATE AMINOTRANSFERASE INCREASED - Safety Population



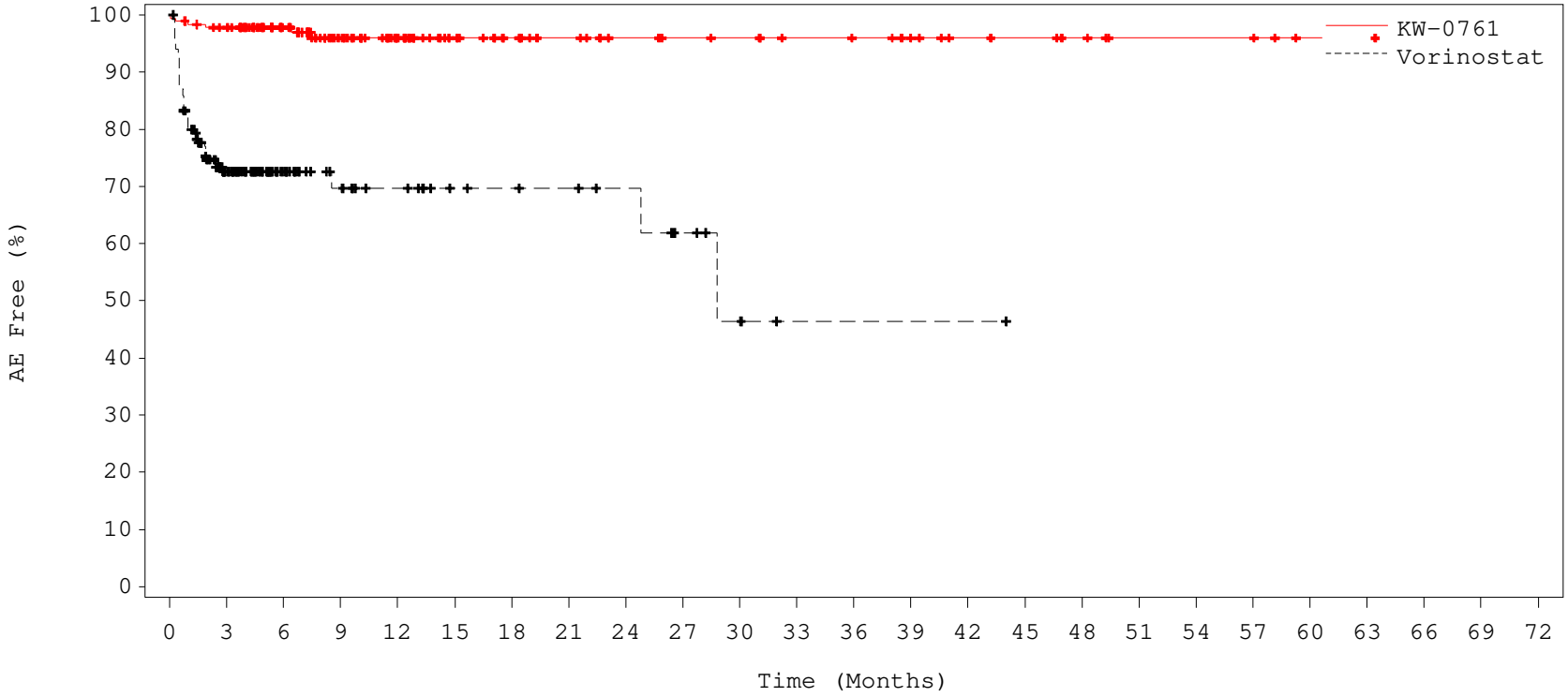
No. at Risk:

KW:	184	176	113	85	64	44	36	30	24	22	21	18	17	15	10	9	7	4	3	3	1	1	0	0	0
VOR:	186	107	49	29	24	16	14	13	10	8	4	2	2	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
INVESTIGATIONS
BLOOD CREATININE INCREASED - Safety Population



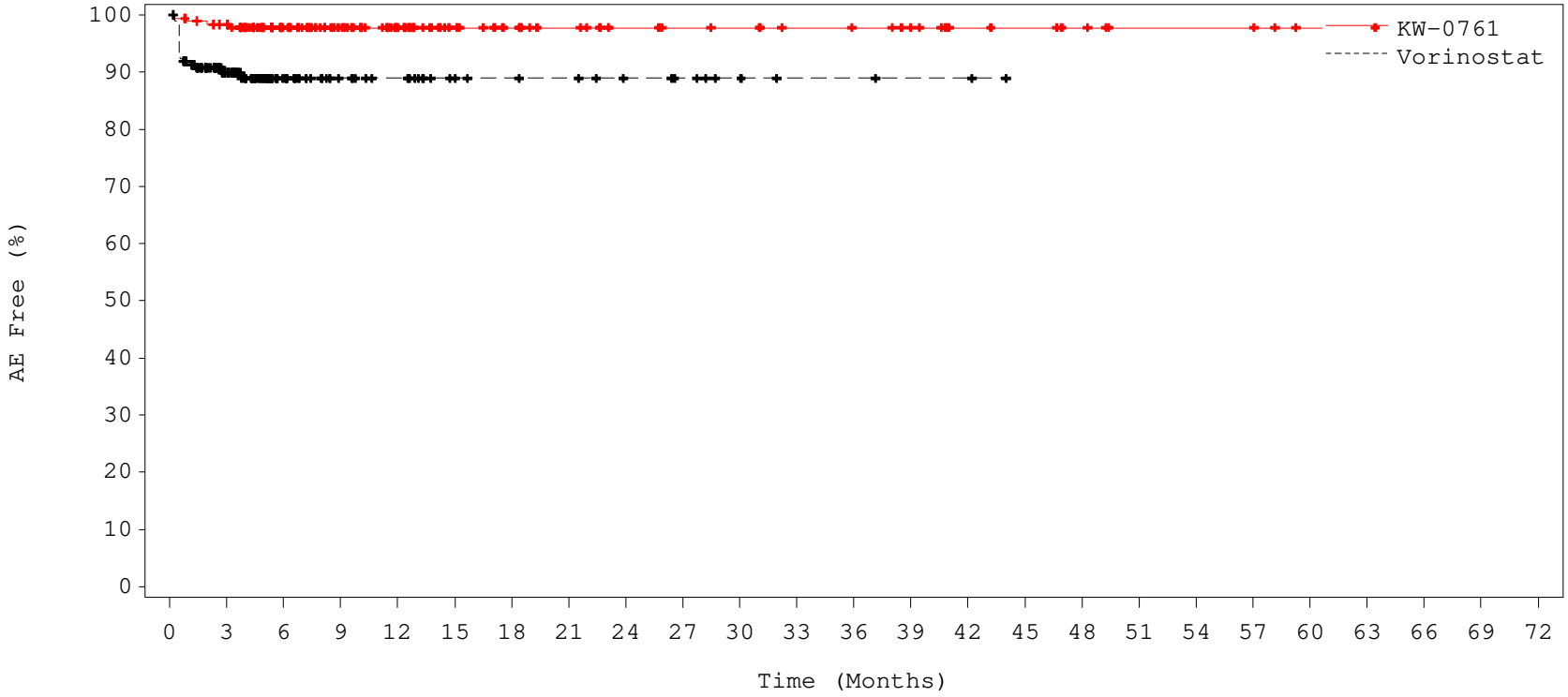
No. at Risk:

KW:	184	176	117	86	63	43	35	29	23	21	20	17	16	14	10	9	7	4	4	4	1	1	0	0	0
VOR:	186	89	40	24	19	13	12	11	9	6	3	1	1	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
INVESTIGATIONS
PLATELET COUNT DECREASED - Safety Population



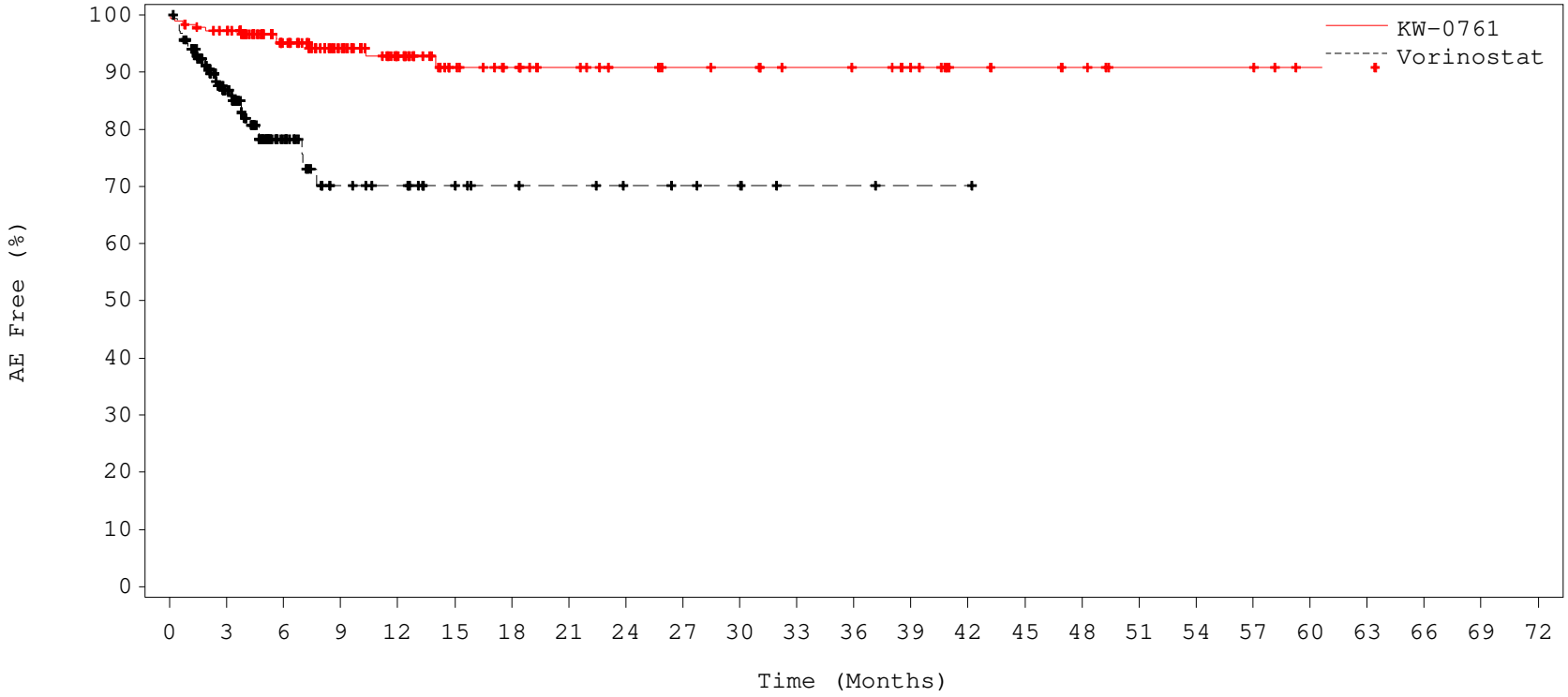
No. at Risk:

KW:	184	177	118	90	67	45	37	31	25	23	22	19	18	16	10	9	7	4	4	4	1	1	0	0	0
VOR:	186	104	49	29	24	16	14	13	10	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
INVESTIGATIONS
WEIGHT DECREASED - Safety Population



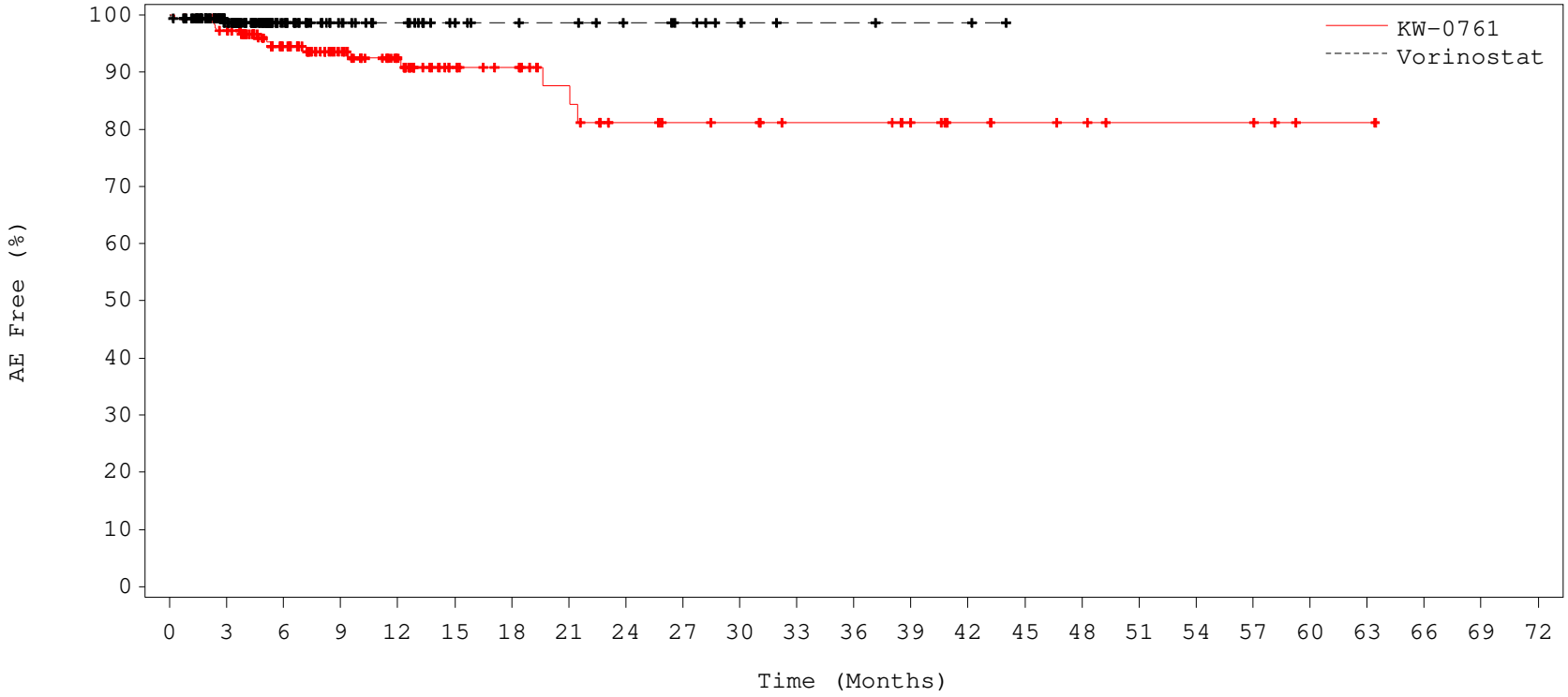
No. at Risk:

KW:	184	175	114	84	61	40	34	29	24	22	21	18	17	15	9	8	7	4	4	4	1	1	0	0	0
VOR:	186	101	39	20	17	12	9	8	6	5	4	2	2	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
INVESTIGATIONS
WEIGHT INCREASED - Safety Population



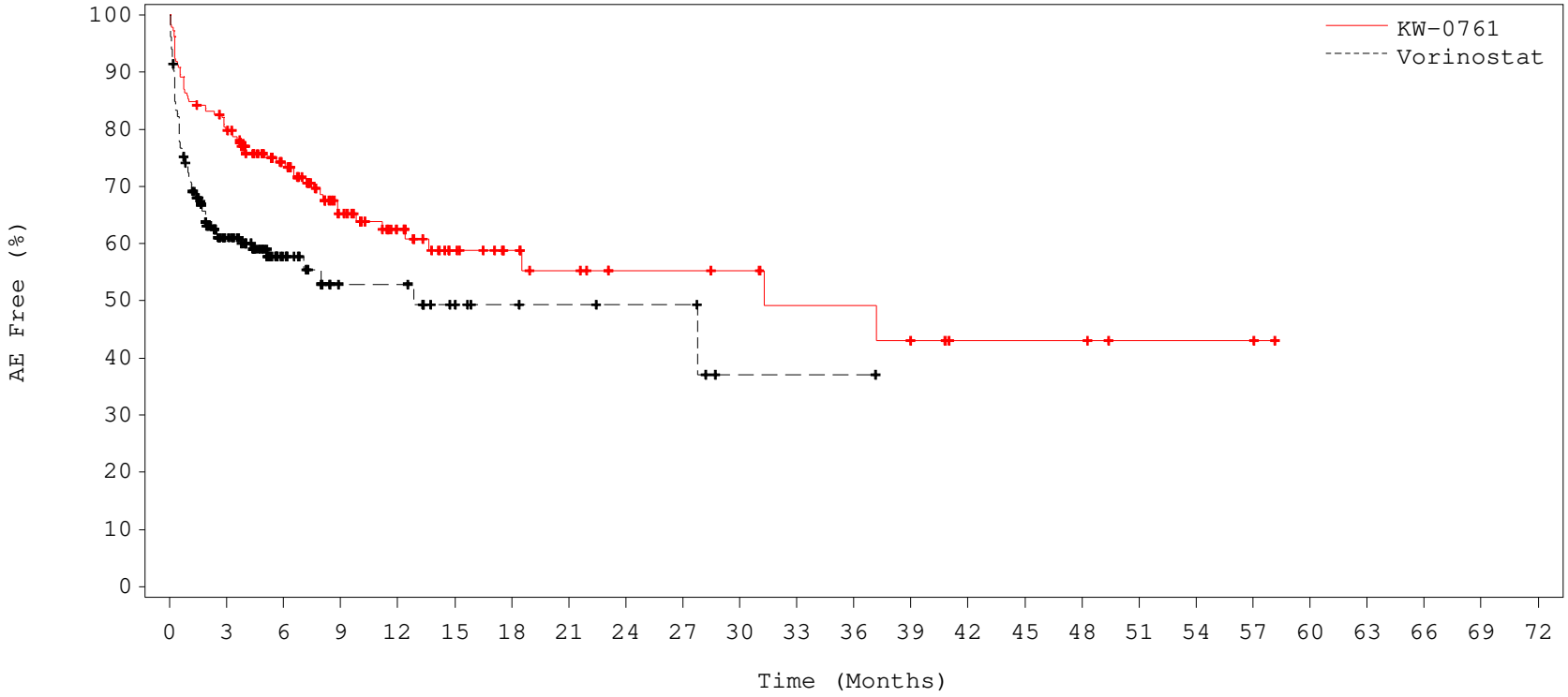
No. at Risk:

KW:	184	175	112	83	59	38	33	27	20	18	17	14	14	12	8	7	6	4	4	4	1	1	0	0	0
VOR:	186	113	52	31	25	17	14	13	10	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
METABOLISM AND NUTRITION DISORDERS
Safety Subjects



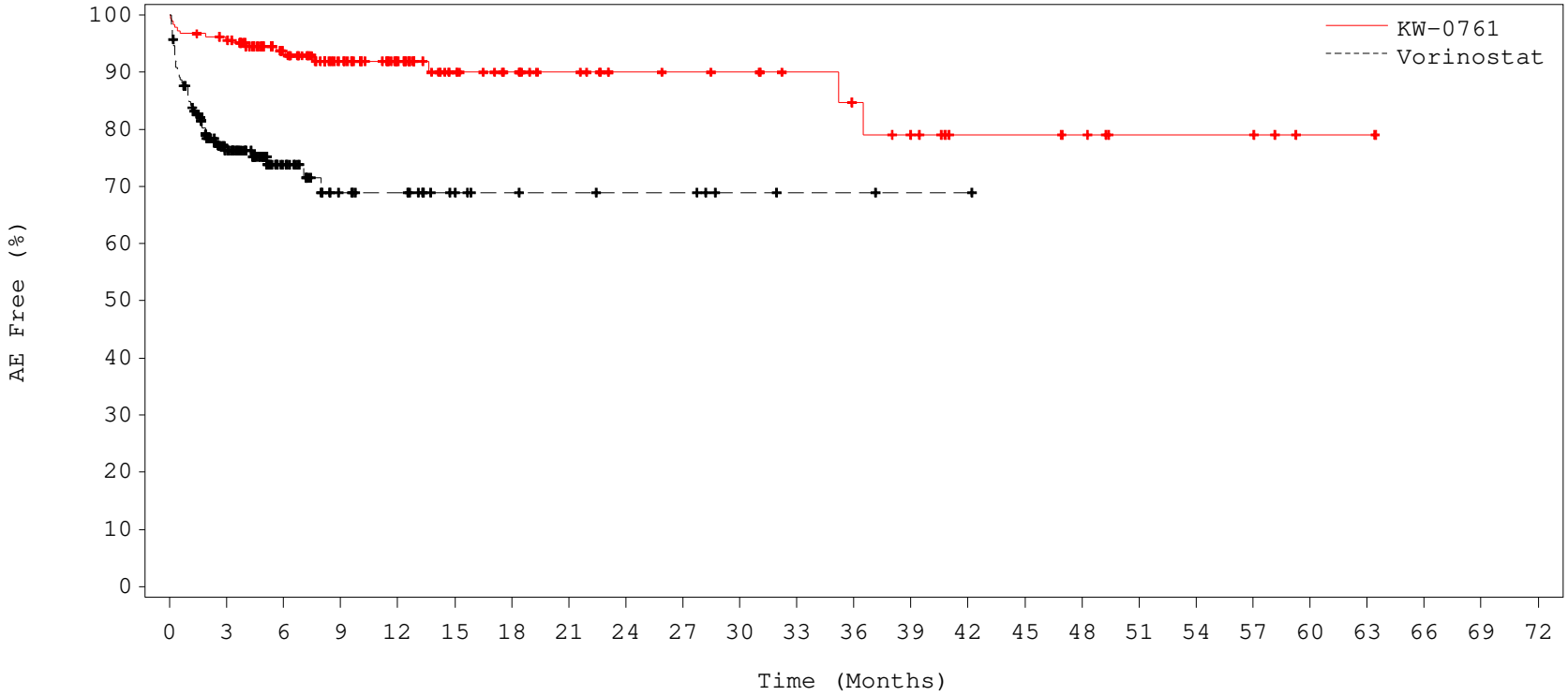
No. at Risk:

KW:	184	145	89	55	38	25	19	15	11	11	10	8	8	7	4	4	4	2	2	2	0	0	0	0	0
VOR:	186	73	31	16	16	10	7	6	5	5	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
METABOLISM AND NUTRITION DISORDERS
DECREASED APPETITE - Safety Population



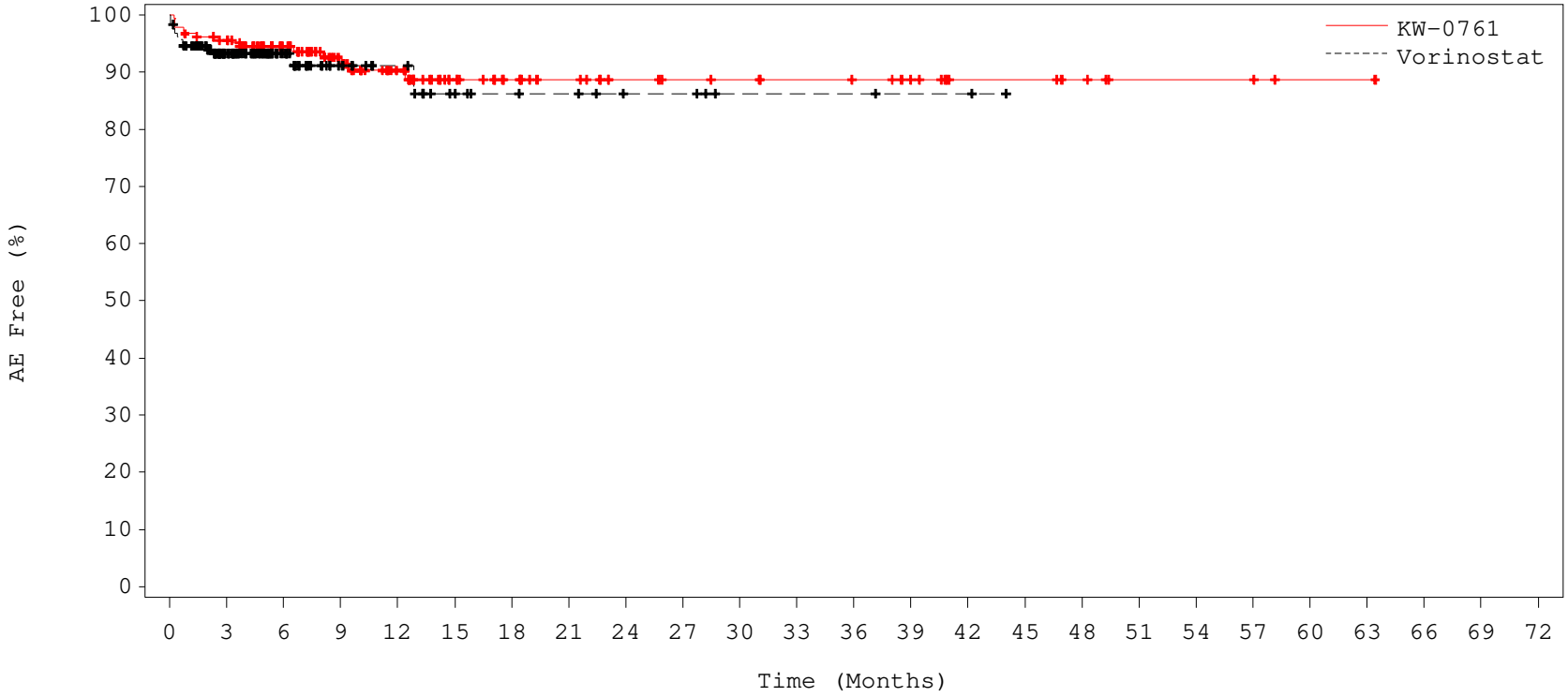
No. at Risk:

KW:	184	174	115	83	62	41	34	28	22	21	20	17	15	13	8	8	7	4	4	4	1	1	0	0	0
VOR:	186	93	41	21	18	11	8	7	6	6	3	2	2	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
METABOLISM AND NUTRITION DISORDERS
HYPERGLYCAEMIA - Safety Population



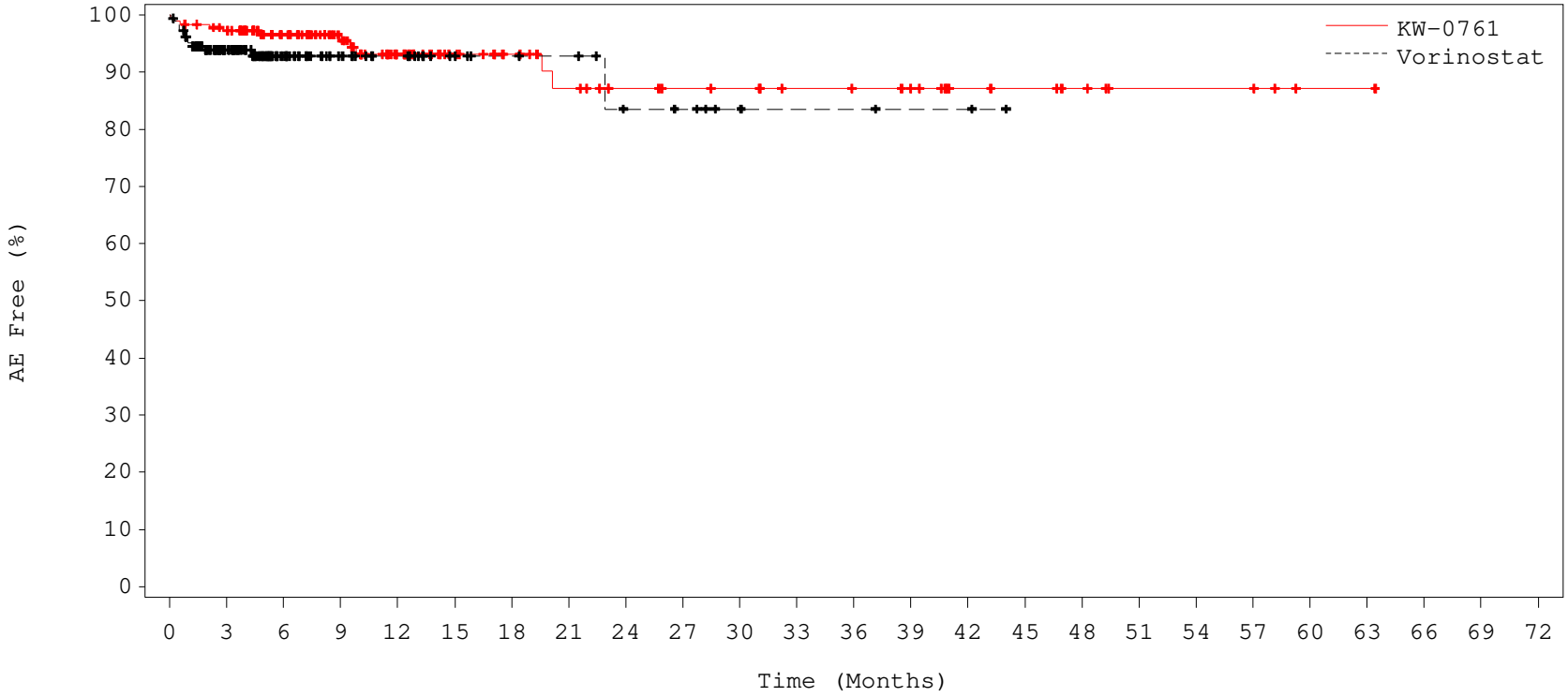
No. at Risk:

KW:	184	172	114	82	61	41	33	28	22	20	19	17	16	14	8	8	6	3	3	3	1	1	0	0	0
VOR:	186	104	49	26	20	13	10	9	6	6	3	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
METABOLISM AND NUTRITION DISORDERS
HYPOKALAEMIA - Safety Population



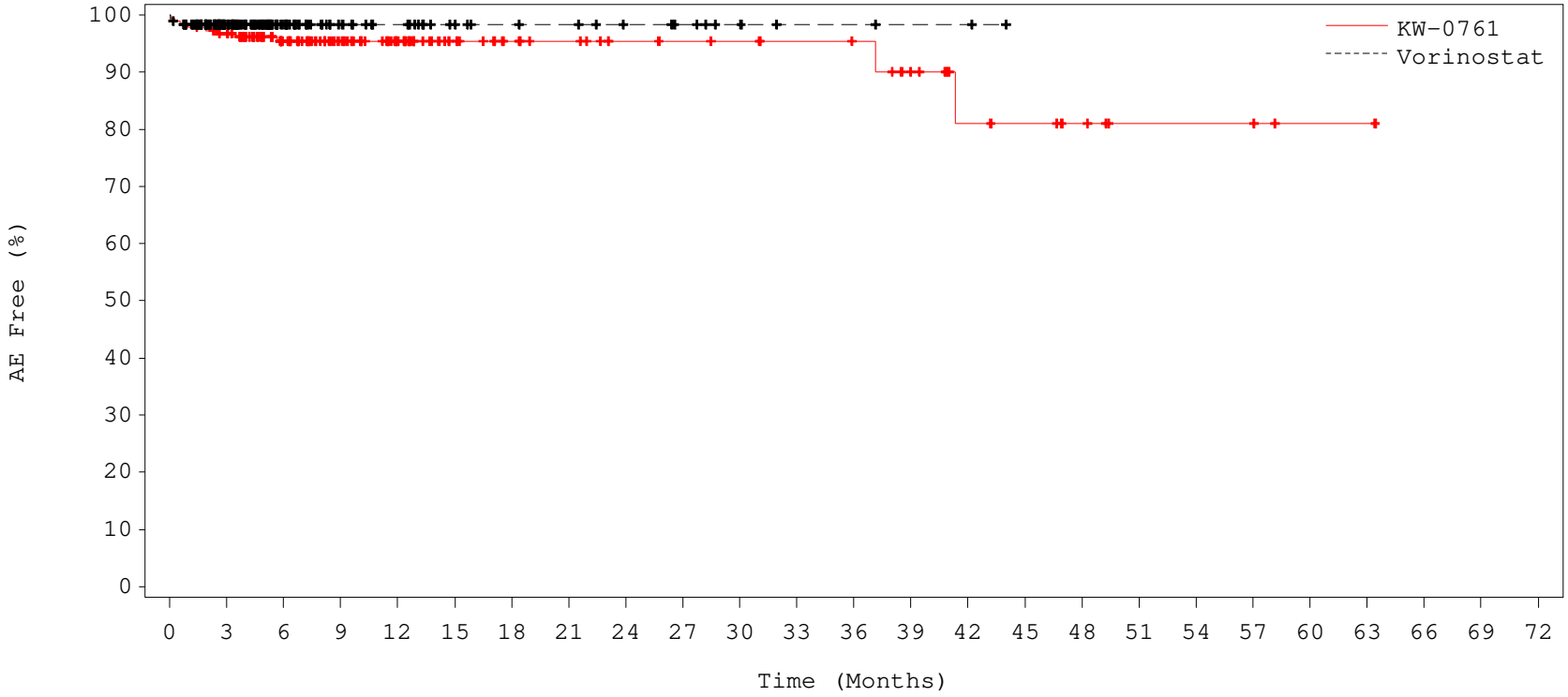
No. at Risk:

KW:	184	175	118	87	62	42	35	29	24	22	21	18	17	16	10	9	7	4	4	4	1	1	0	0	0
VOR:	186	111	51	31	24	16	13	12	8	7	4	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
METABOLISM AND NUTRITION DISORDERS
HYPOMAGNESAEMIA - Safety Population



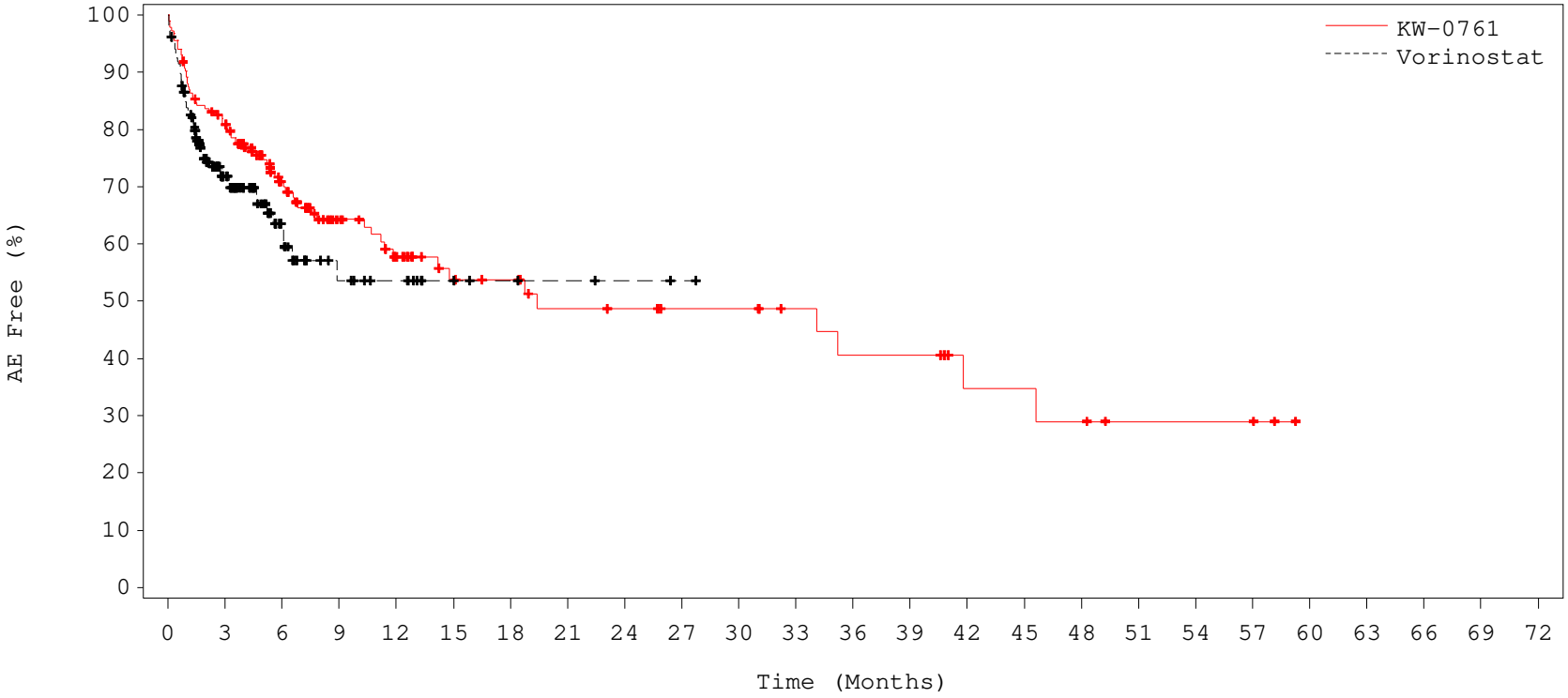
No. at Risk:

KW:	184	174	113	83	61	40	32	28	23	22	21	19	18	15	9	8	6	3	3	3	1	1	0	0	0
VOR:	186	114	53	31	25	17	14	13	10	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS
Safety Subjects



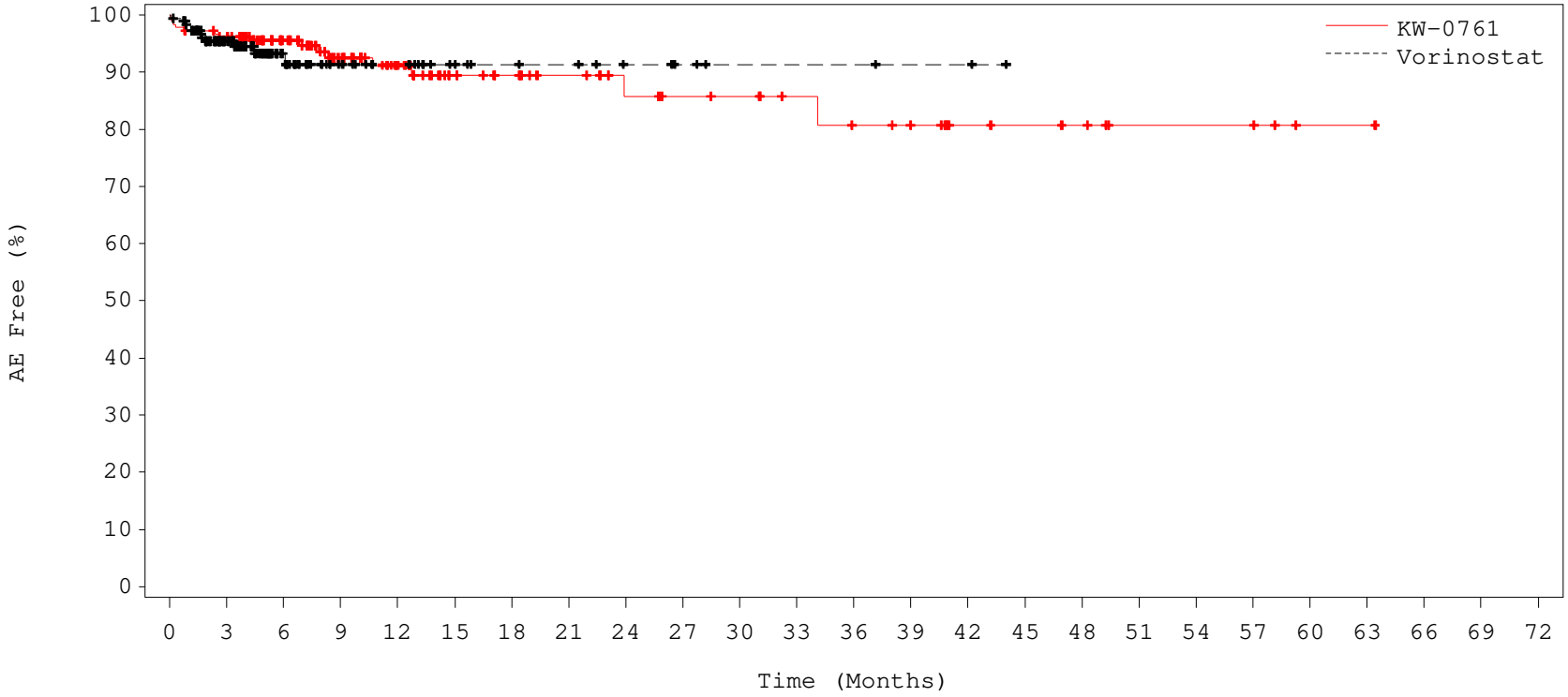
No. at Risk:

KW:	184	145	81	53	40	26	24	19	17	15	15	12	10	10	6	6	5	3	3	3	0	0	0	0	0
VOR:	186	75	31	15	11	6	4	3	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS
ARTHRALGIA - Safety Population



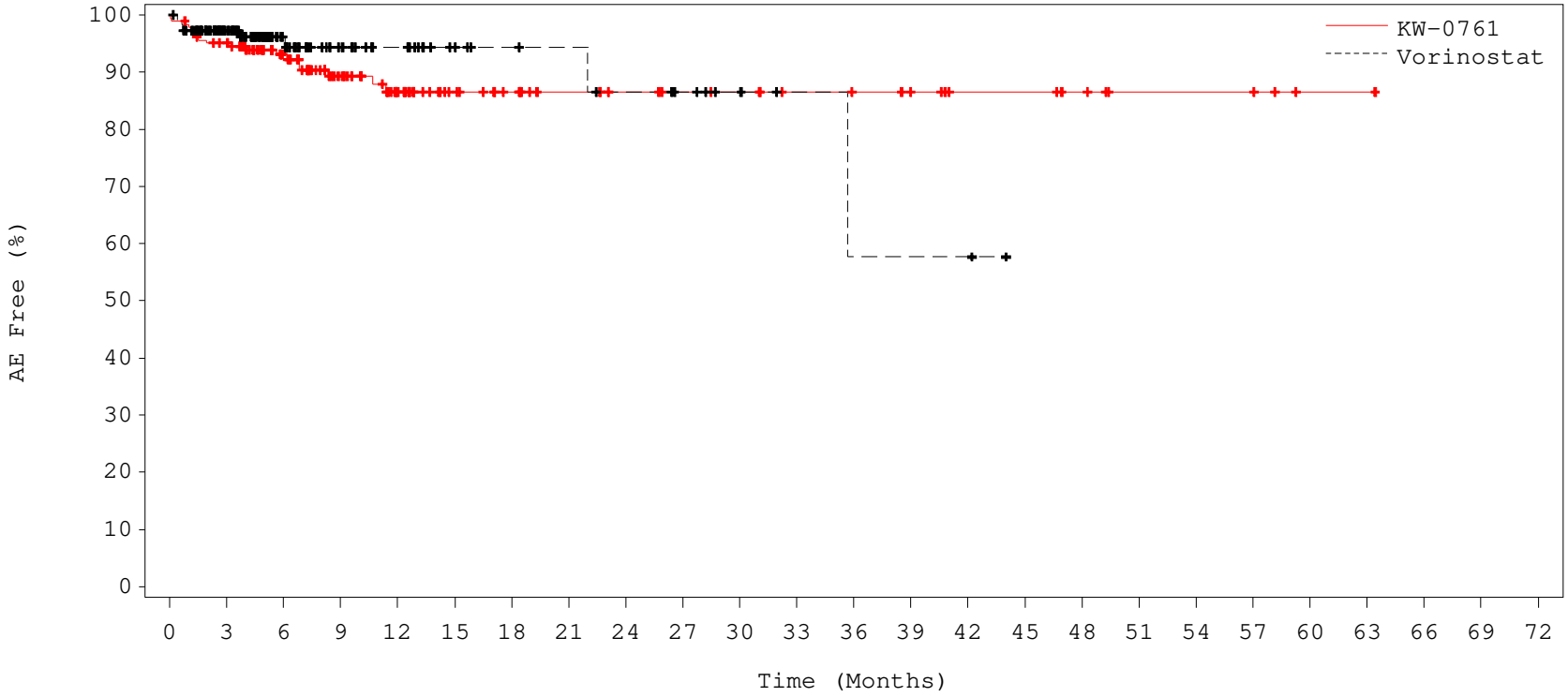
No. at Risk:

KW:	184	173	114	82	60	39	34	29	23	21	20	17	15	14	9	8	7	4	4	4	1	1	0	0	0
VOR:	186	109	50	27	21	14	11	10	7	5	3	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS
BACK PAIN - Safety Population



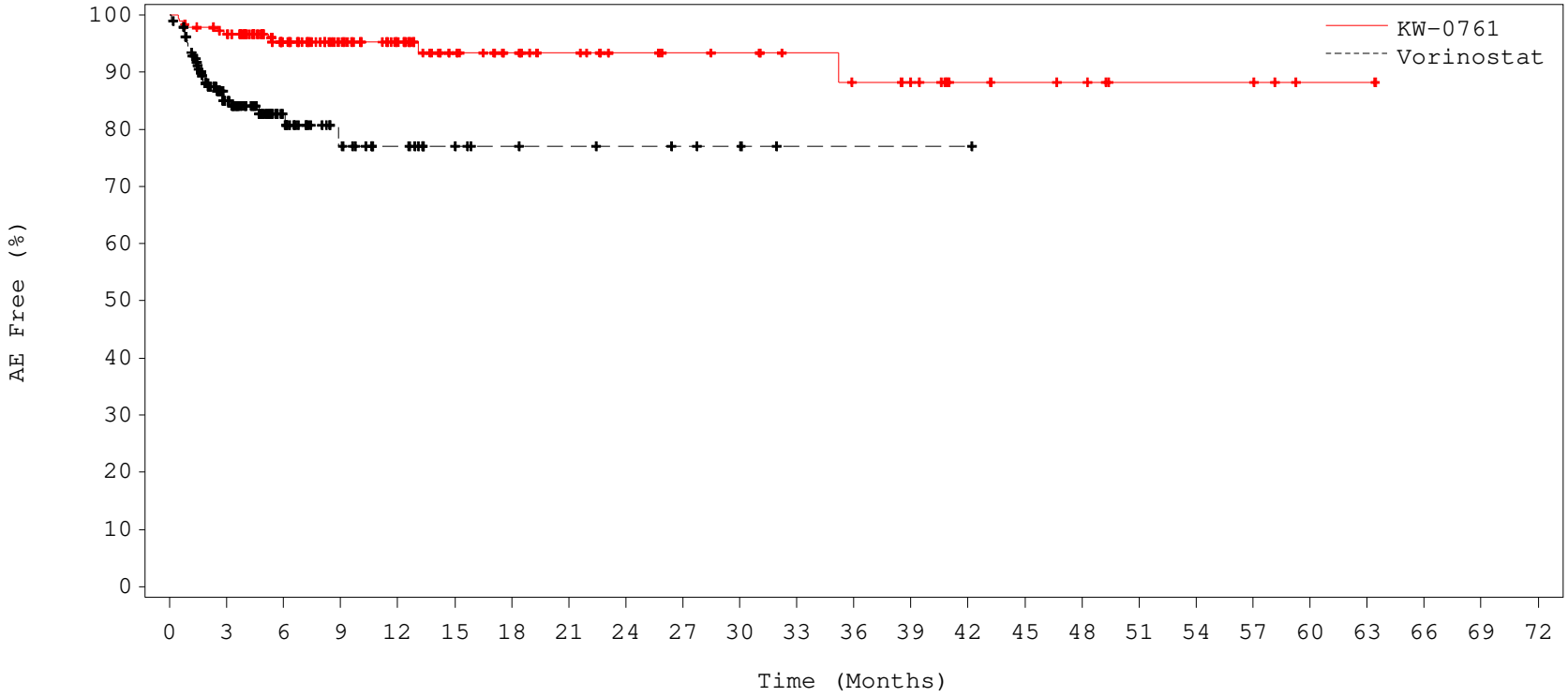
No. at Risk:

KW:	184	171	110	77	56	37	31	25	21	19	18	15	14	13	9	9	7	4	4	4	1	1	0	0	0
VOR:	186	110	52	31	24	16	13	12	10	8	5	3	2	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS
MUSCLE SPASMS - Safety Population



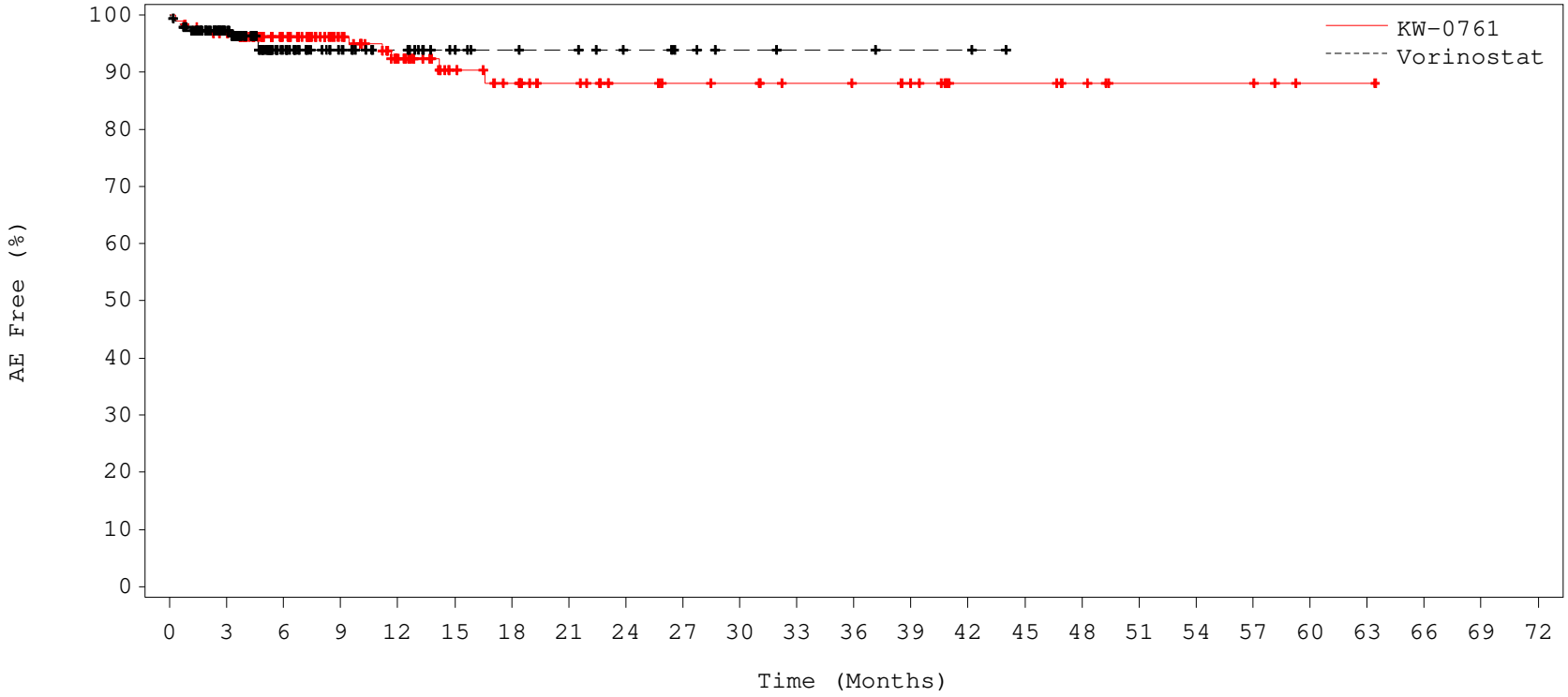
No. at Risk:

KW:	184	174	113	84	65	43	35	30	24	22	21	18	16	15	9	8	7	4	4	4	1	1	0	0	0
VOR:	186	92	41	21	15	10	7	6	5	4	3	1	1	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS
MYALGIA - Safety Population



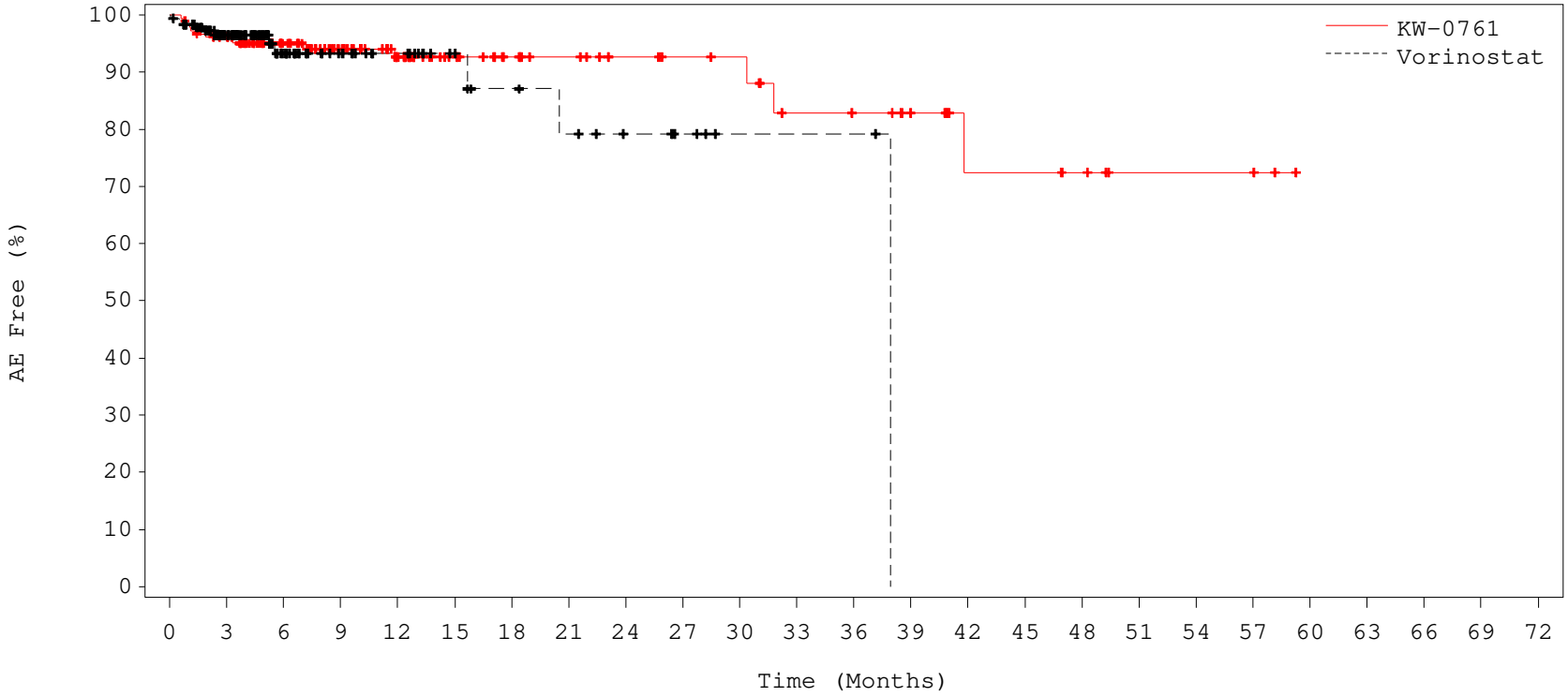
No. at Risk:

KW:	184	174	115	85	64	41	35	29	23	21	20	17	16	15	9	9	7	4	4	4	1	1	0	0	0
VOR:	186	111	50	30	23	15	12	11	8	6	4	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS
PAIN IN EXTREMITY - Safety Population



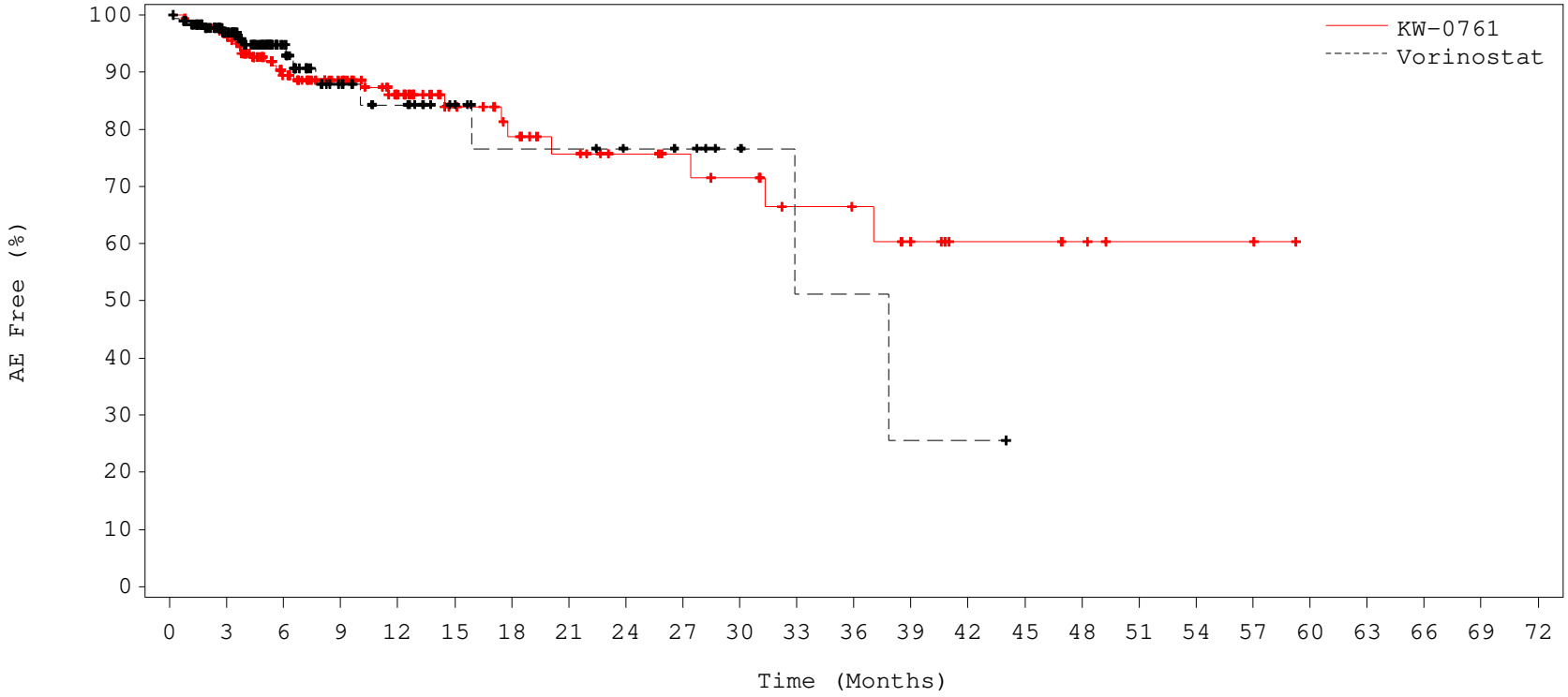
No. at Risk:

KW:	184	173	112	82	60	40	32	28	23	21	20	15	14	12	7	7	6	3	3	3	0	0	0	0	0
VOR:	186	110	49	31	24	16	12	10	7	5	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
NEOPLASMS BENIGN, MALIGNANT AND UNSPECIFIED (INCL CYSTS AND POLYPS)
Safety Subjects



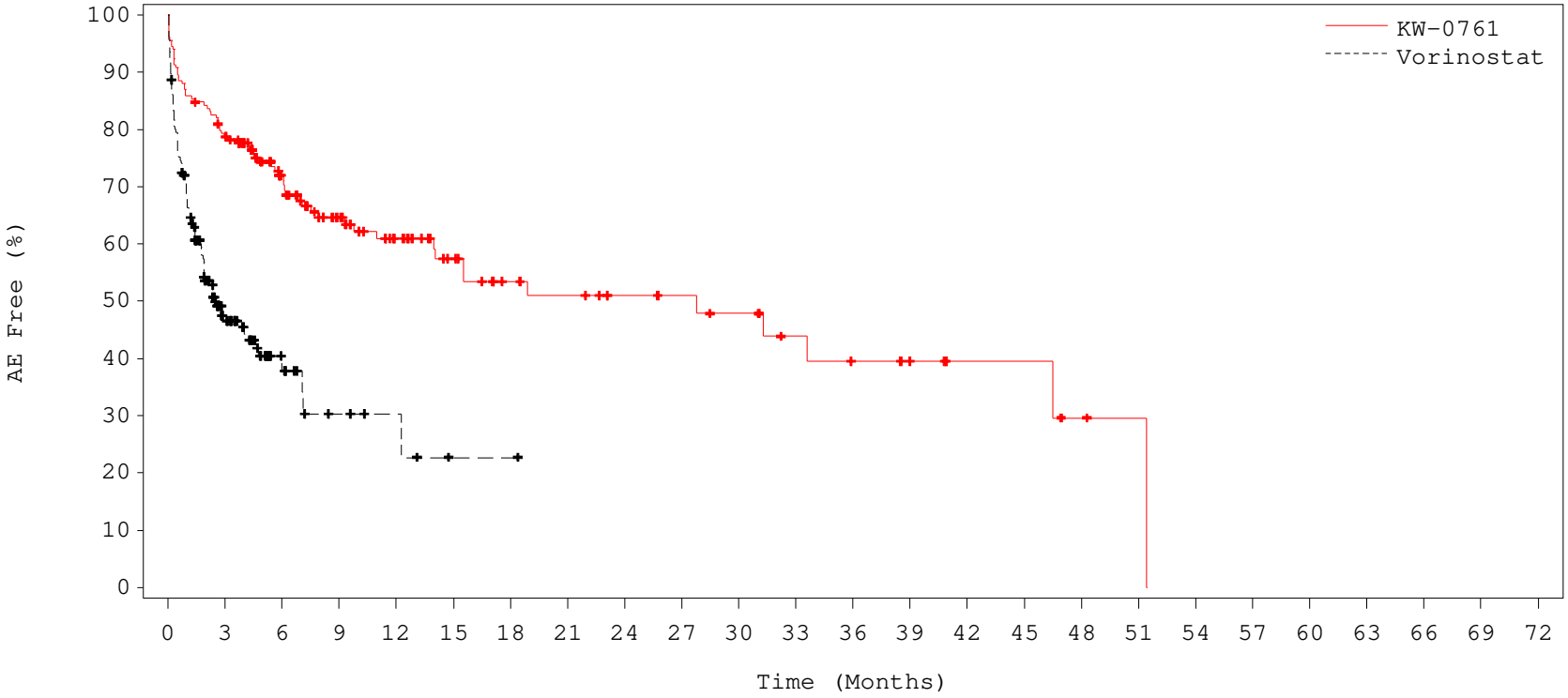
No. at Risk:

KW:	184	175	105	79	59	38	30	25	20	18	16	12	11	9	5	5	4	2	2	2	0	0	0	0	0
VOR:	186	111	50	27	21	14	10	10	8	7	4	2	2	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
NERVOUS SYSTEM DISORDERS
Safety Subjects



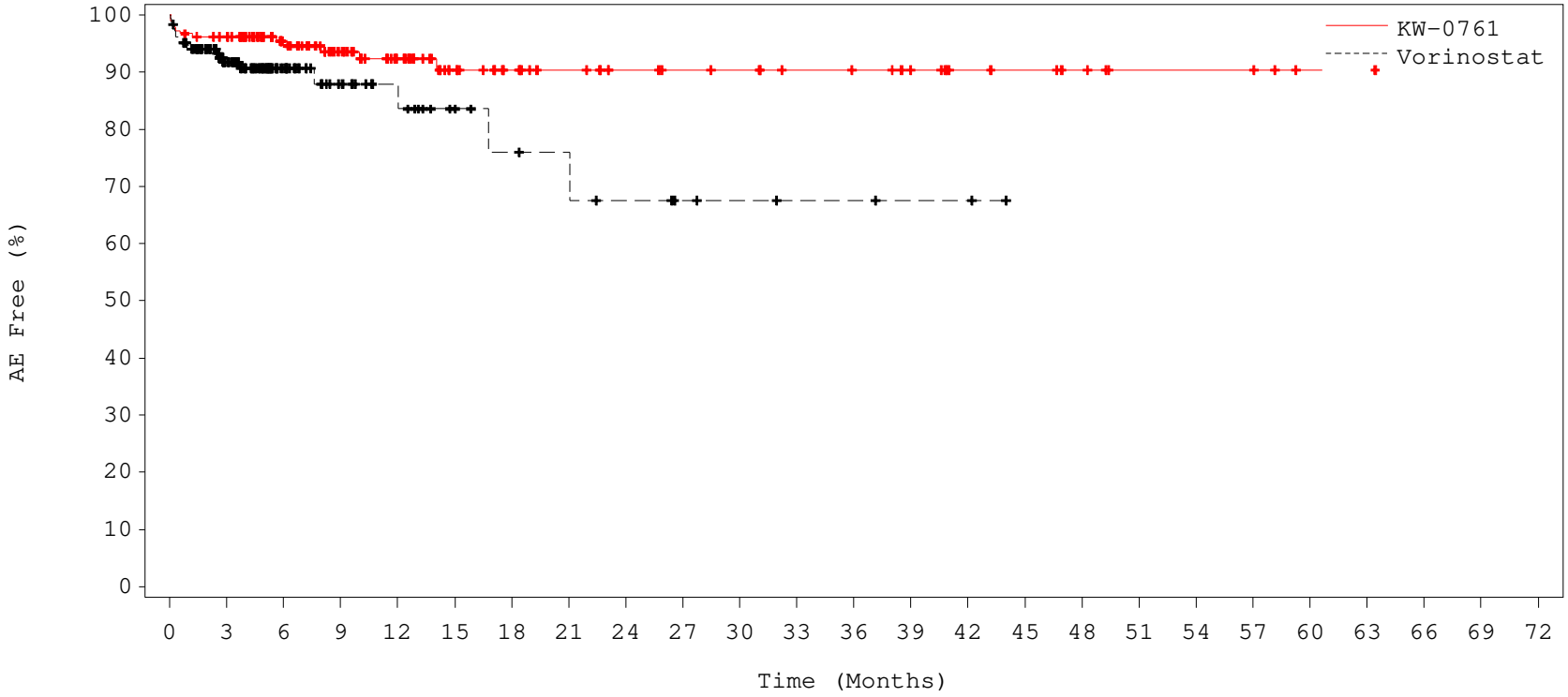
No. at Risk:

KW:	184	143	84	58	42	31	23	21	17	16	14	10	8	7	4	4	2	1	0	0	0	0	0	0
VOR:	186	51	15	6	4	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
NERVOUS SYSTEM DISORDERS
DIZZINESS - Safety Population



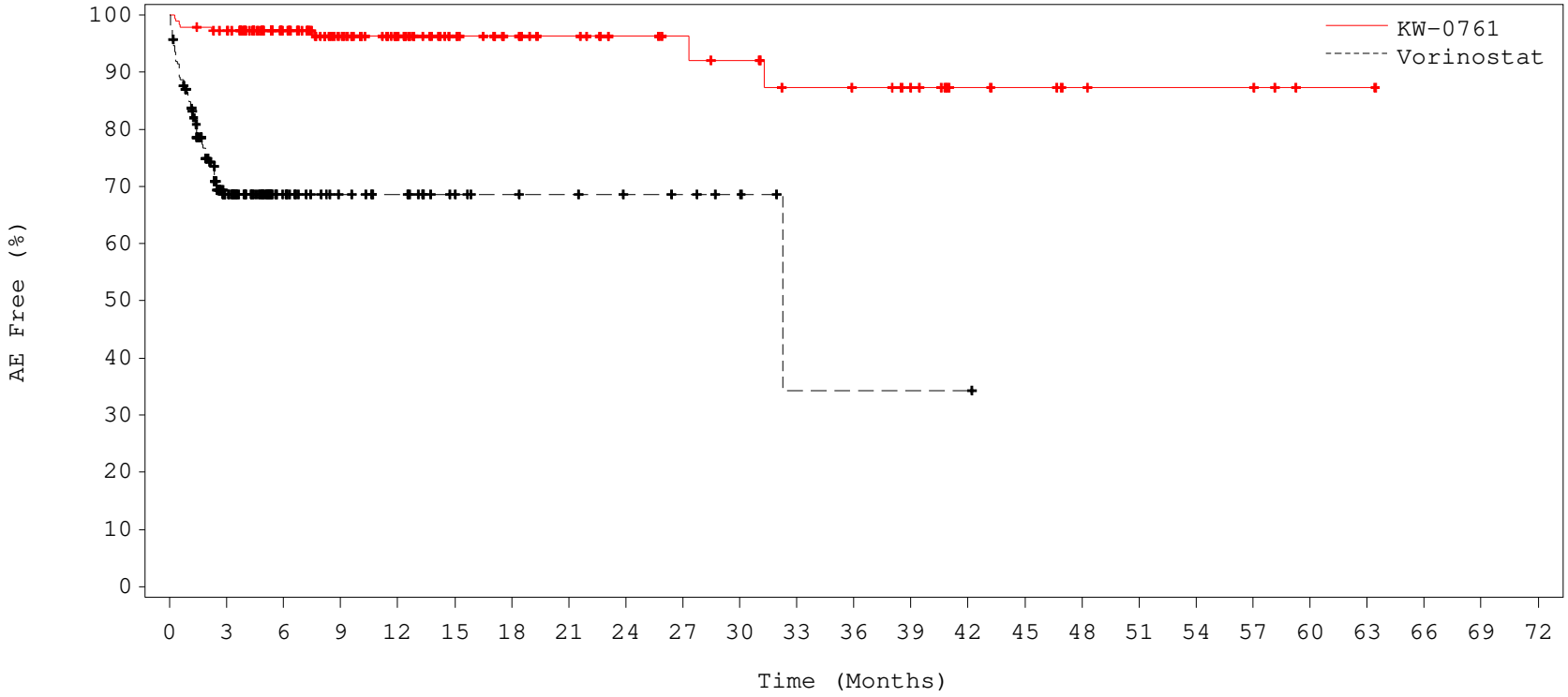
No. at Risk:

KW:	184	173	114	84	63	42	34	29	24	22	21	18	17	15	10	9	7	4	4	4	1	1	0	0	0
VOR:	186	106	47	27	20	13	10	9	7	5	4	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
NERVOUS SYSTEM DISORDERS
DYSGEUSIA - Safety Population



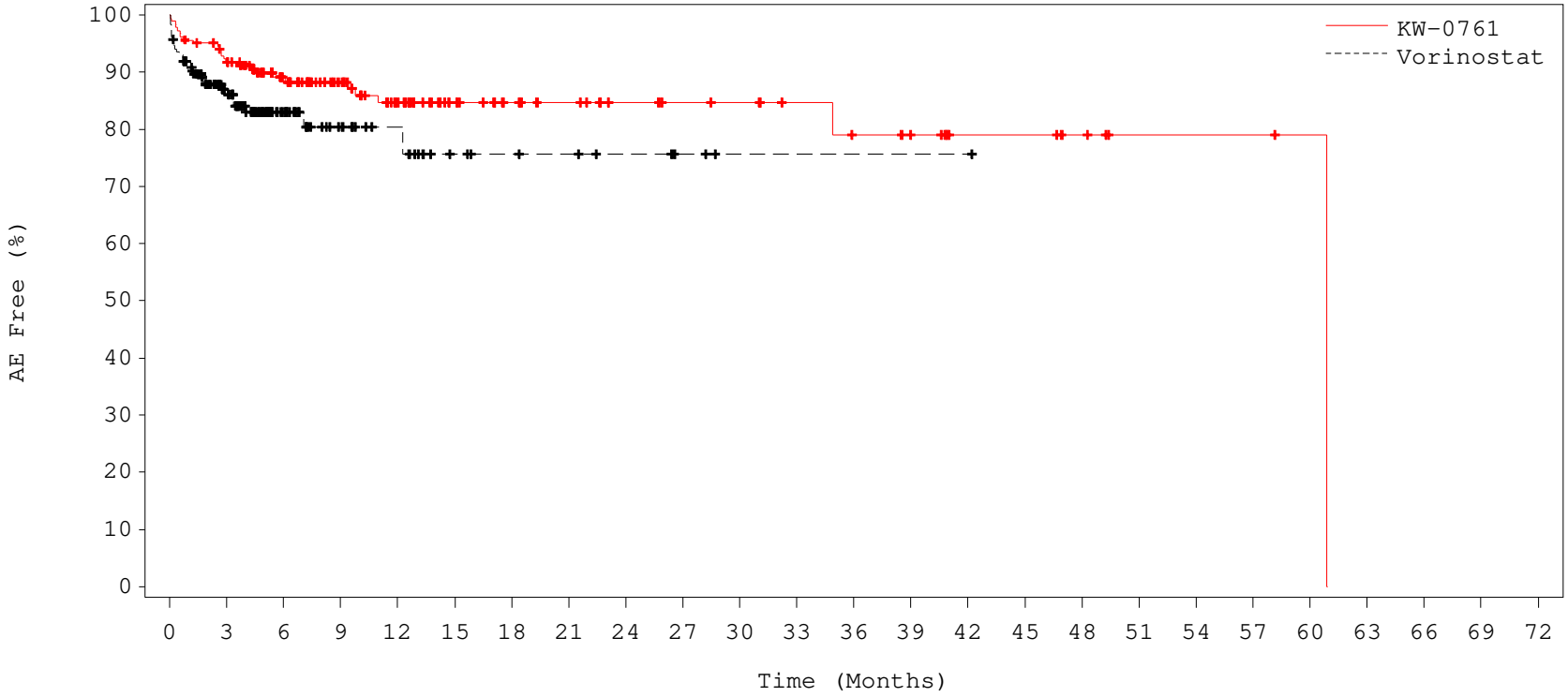
No. at Risk:

KW:	184	176	117	86	66	45	37	31	25	23	21	17	16	14	8	7	5	4	4	4	1	1	0	0	0
VOR:	186	78	37	24	20	13	10	9	7	6	4	1	1	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
NERVOUS SYSTEM DISORDERS
HEADACHE - Safety Population



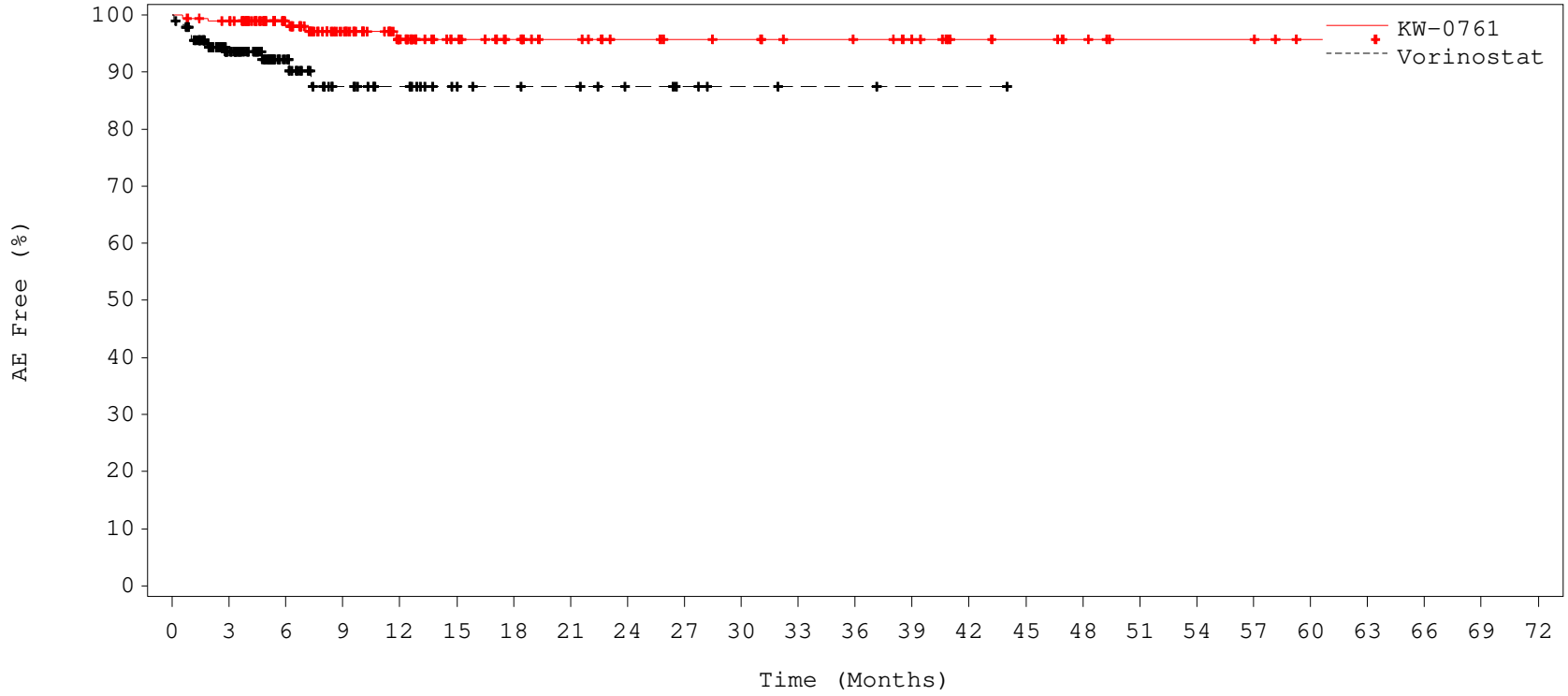
No. at Risk:

KW:	184	165	106	80	60	40	32	27	21	19	18	15	13	12	7	7	5	2	2	2	1	0	0	0	0
VOR:	186	96	44	23	17	10	8	7	5	3	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
NERVOUS SYSTEM DISORDERS
PARAESTHESIA - Safety Population



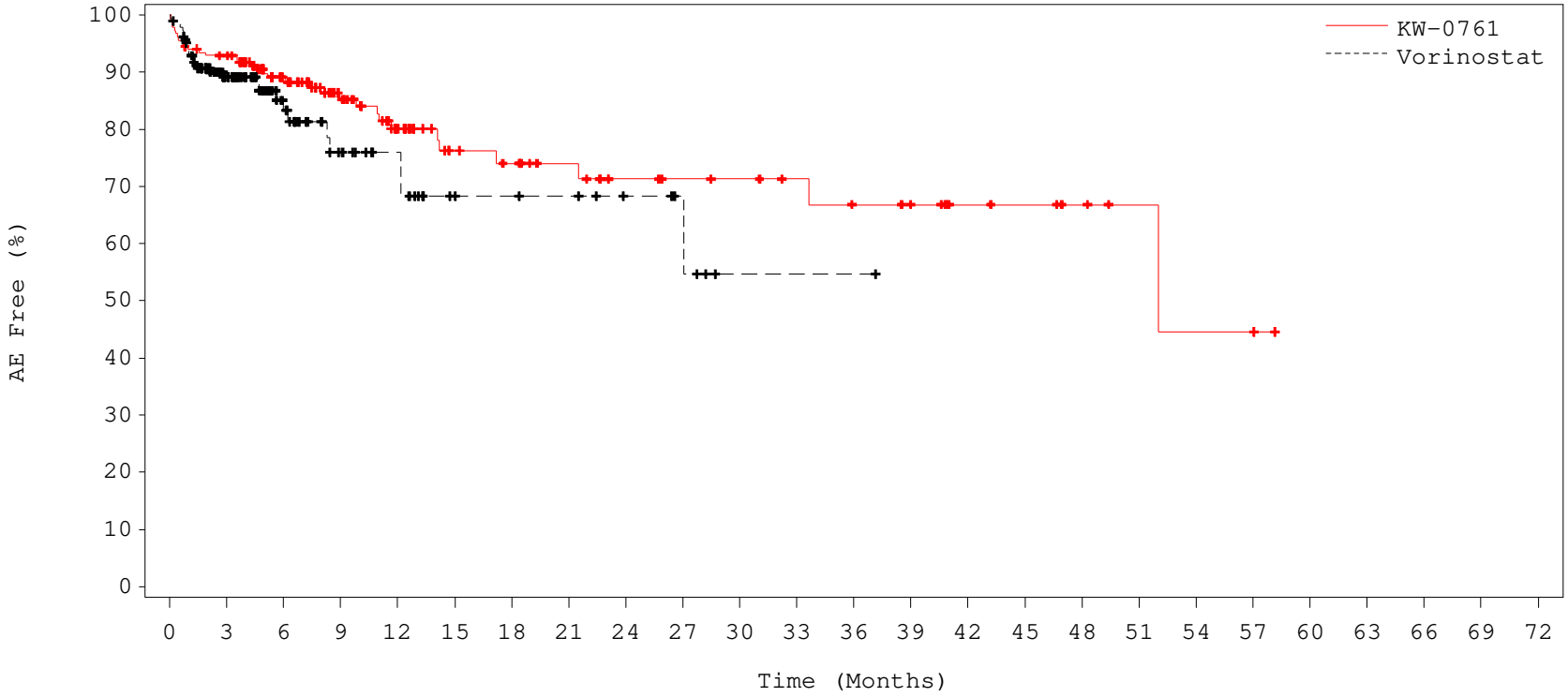
No. at Risk:

KW:	184	179	119	88	65	45	37	31	25	23	22	19	18	16	10	9	7	4	4	4	1	1	0	0	0
VOR:	186	107	48	26	20	13	11	10	7	5	3	2	2	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
PSYCHIATRIC DISORDERS
Safety Subjects



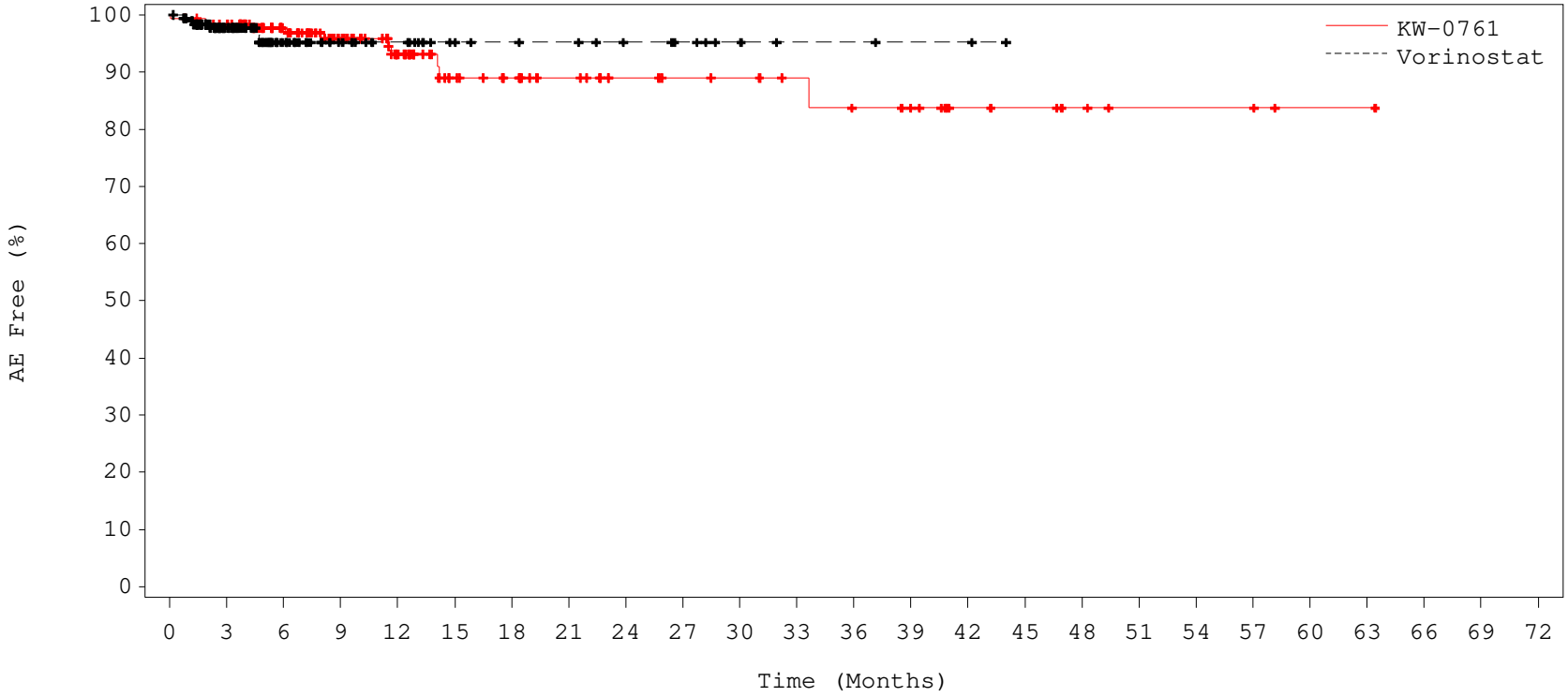
No. at Risk:

KW:	184	168	107	78	53	36	33	27	21	19	18	16	14	13	8	7	5	3	2	2	0	0	0	0	0
VOR:	186	105	47	26	20	12	11	10	7	5	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
PSYCHIATRIC DISORDERS
DEPRESSION - Safety Population



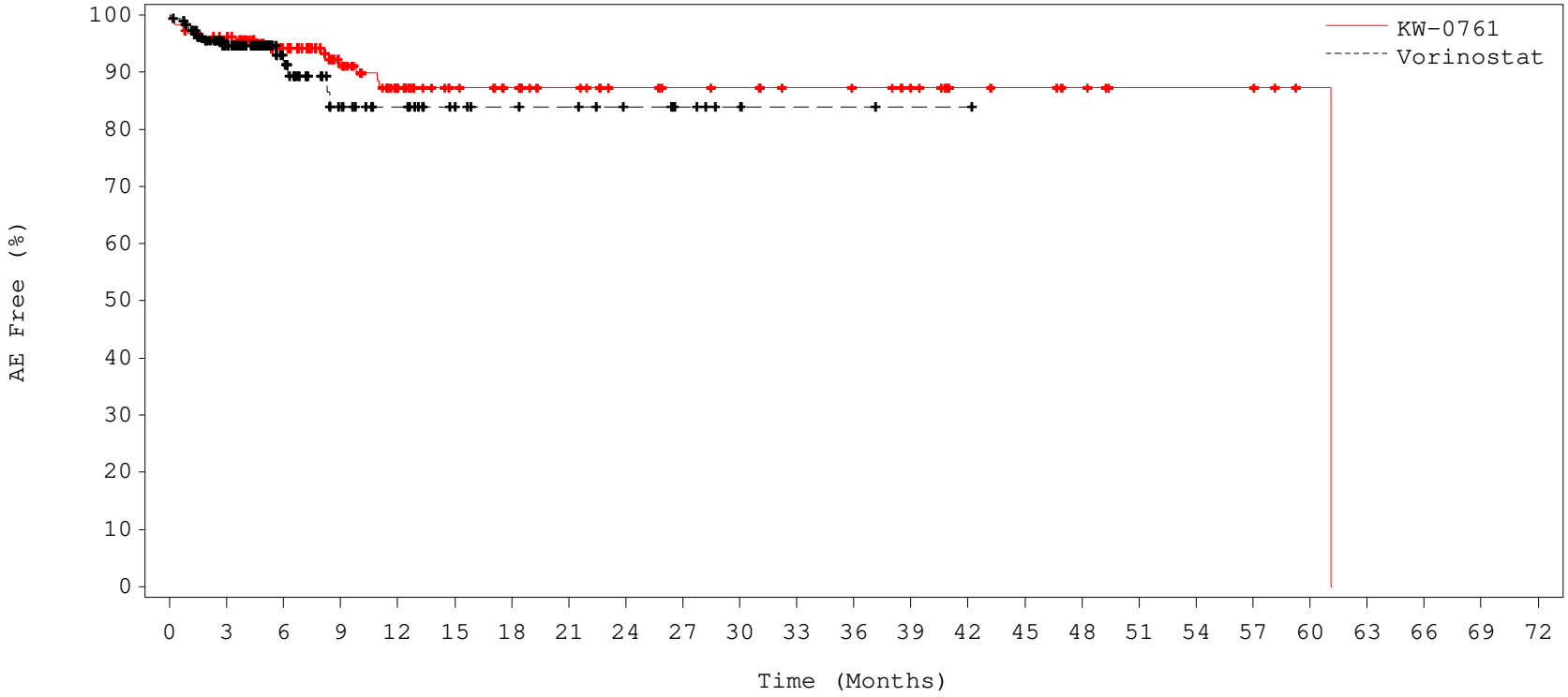
No. at Risk:

KW:	184	177	118	86	61	39	34	28	22	20	19	17	15	14	8	7	5	3	3	3	1	1	0	0	0
VOR:	186	112	51	31	24	16	14	13	10	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
PSYCHIATRIC DISORDERS
INSOMNIA - Safety Population



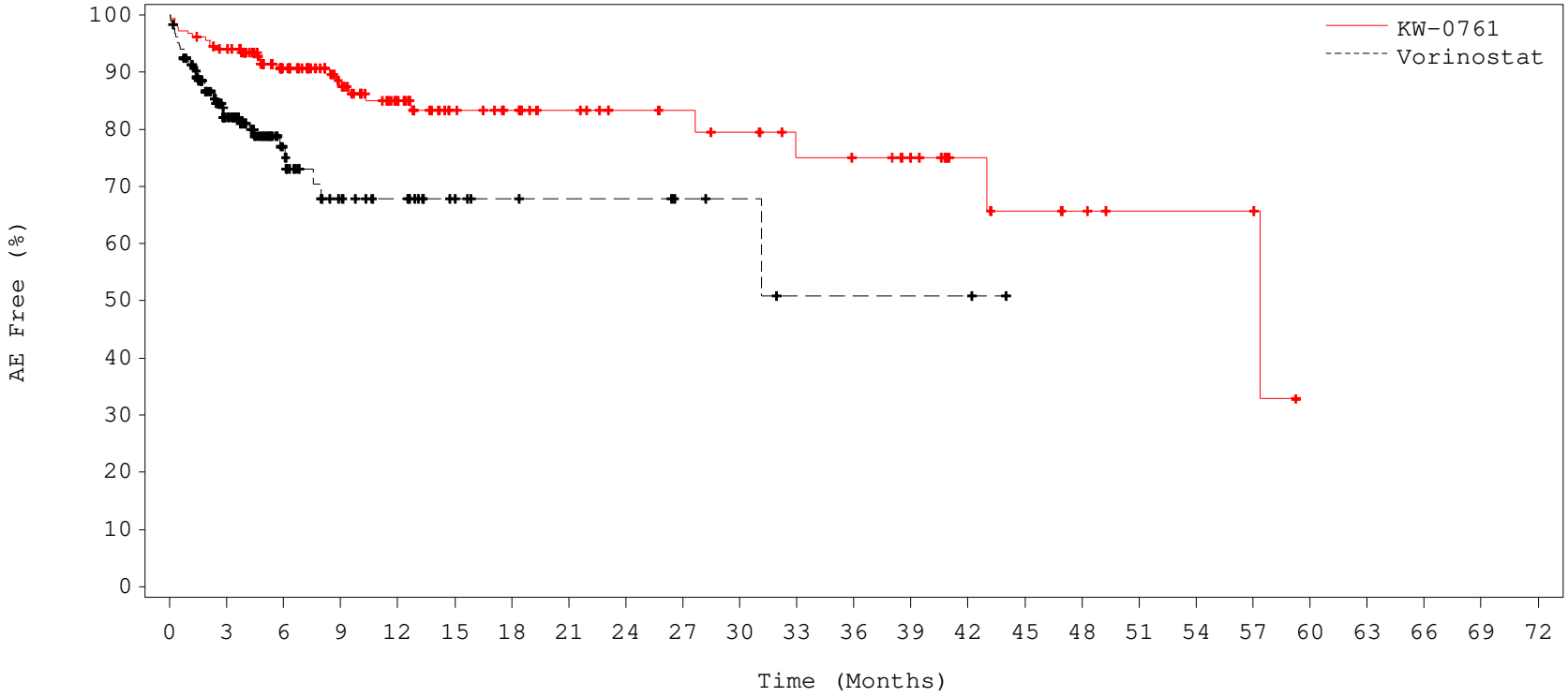
No. at Risk:

KW:	184	173	112	82	57	42	37	31	25	23	22	19	18	16	10	9	7	4	4	4	1	0	0	0	0
VOR:	186	109	52	28	22	15	12	11	8	6	3	2	2	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
RENAL AND URINARY DISORDERS
Safety Subjects



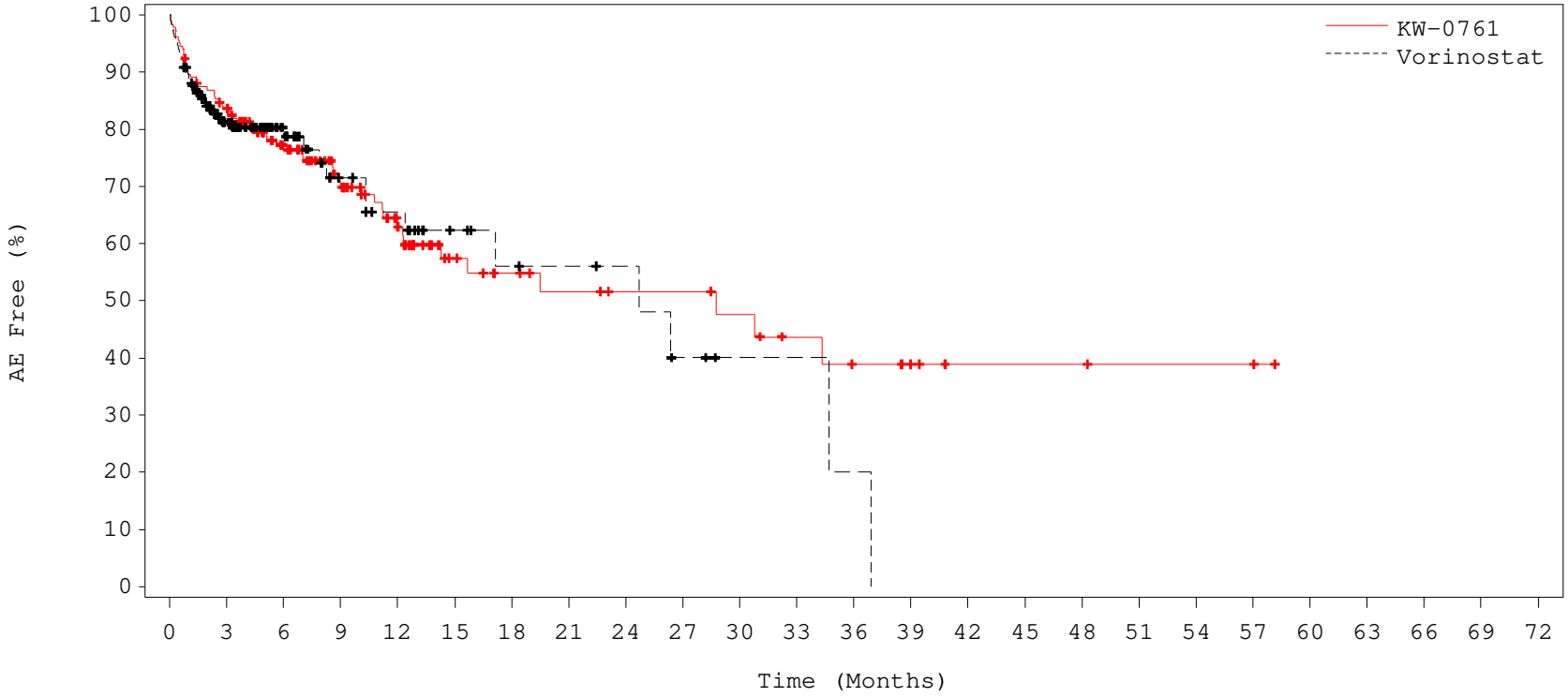
No. at Risk:

KW:	184	170	108	80	58	39	34	28	23	22	20	17	16	14	8	6	5	3	3	3	0	0	0	0	0
VOR:	186	94	40	22	18	11	8	7	7	5	4	2	2	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
RESPIRATORY, THORACIC AND MEDIASTINAL DISORDERS
Safety Subjects



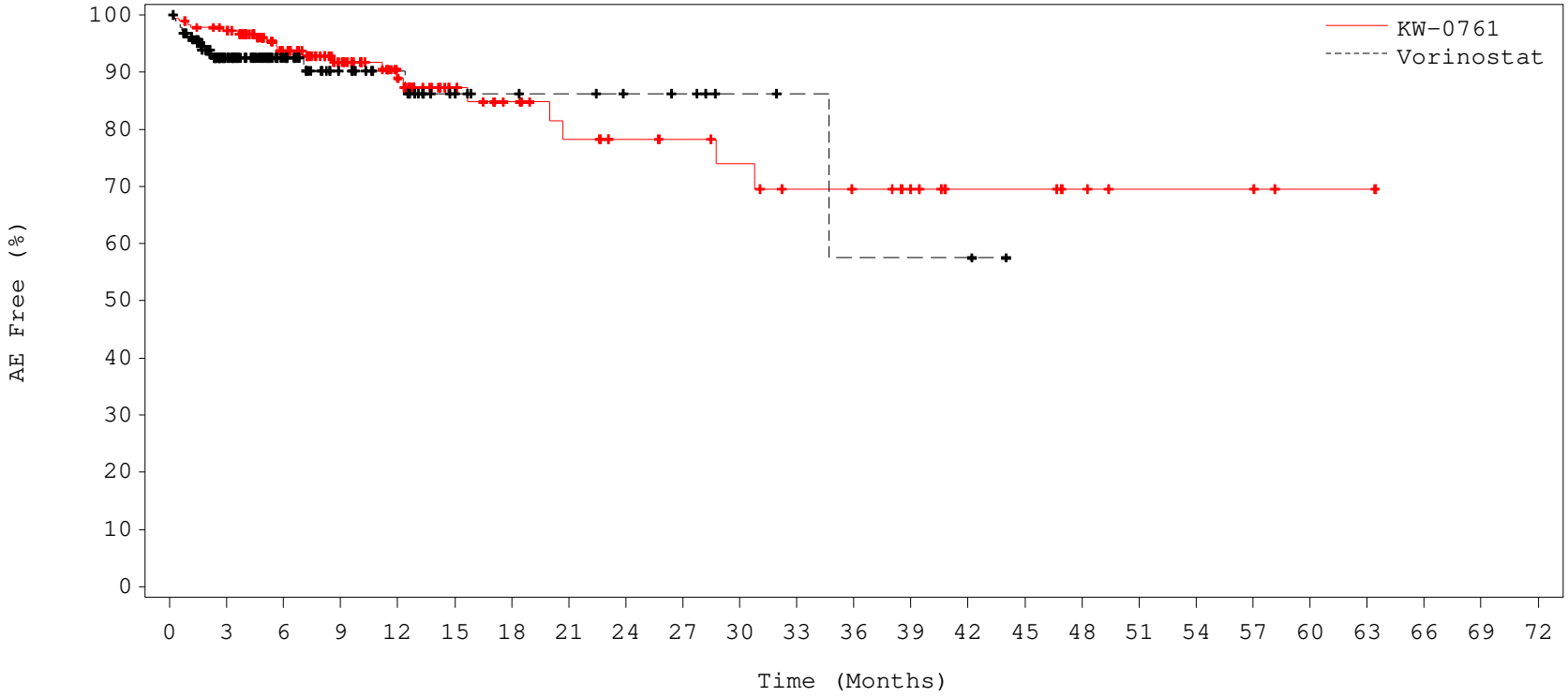
No. at Risk:

KW:	184	151	91	60	42	23	19	16	14	14	12	9	7	6	3	3	3	2	2	2	0	0	0	0	0
VOR:	186	95	47	25	20	12	9	8	7	4	2	2	1	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
RESPIRATORY, THORACIC AND MEDIASTINAL DISORDERS
COUGH - Safety Population



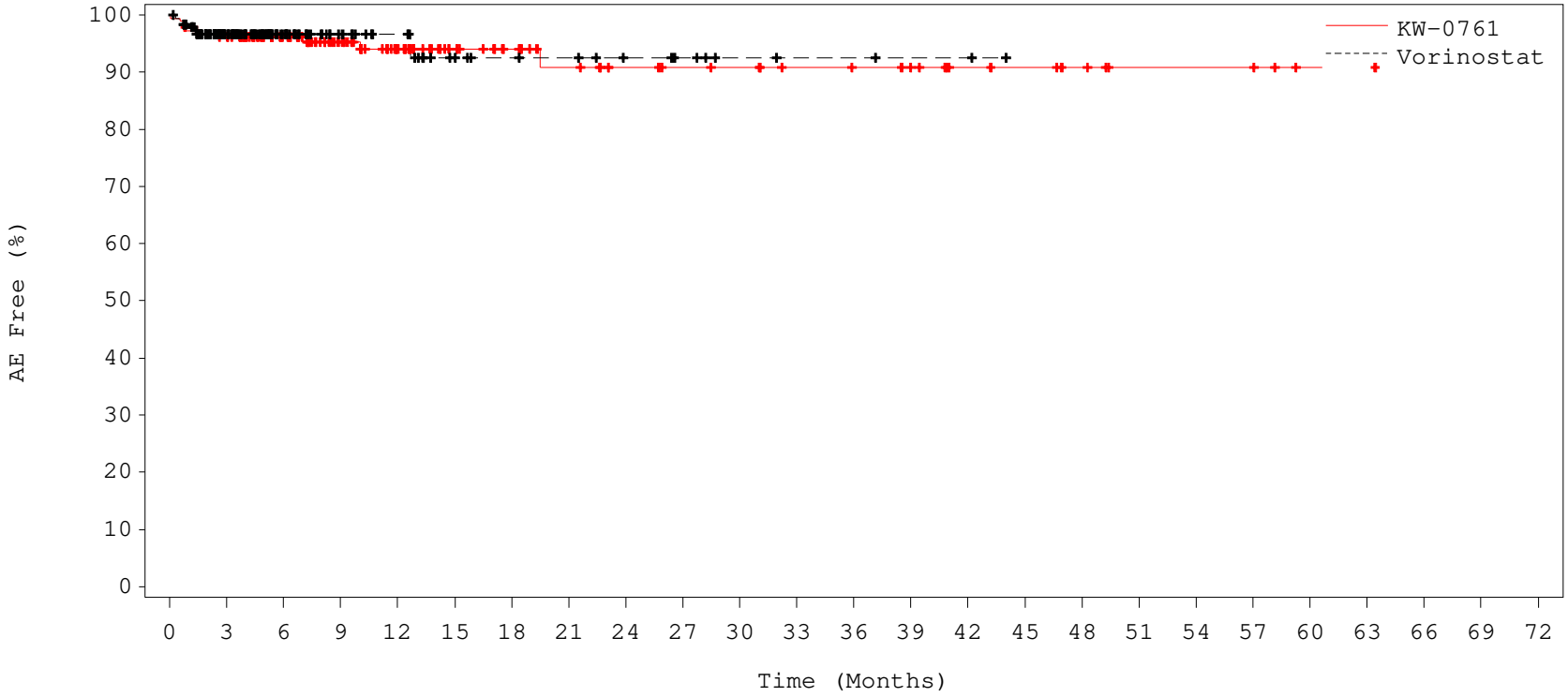
No. at Risk:

KW:	184	175	113	82	59	36	29	24	20	19	17	14	13	11	7	7	5	3	3	3	1	1	0	0	0
VOR:	186	105	51	29	23	14	11	10	8	7	4	3	2	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
RESPIRATORY, THORACIC AND MEDIASTINAL DISORDERS
DYSPNOEA - Safety Population



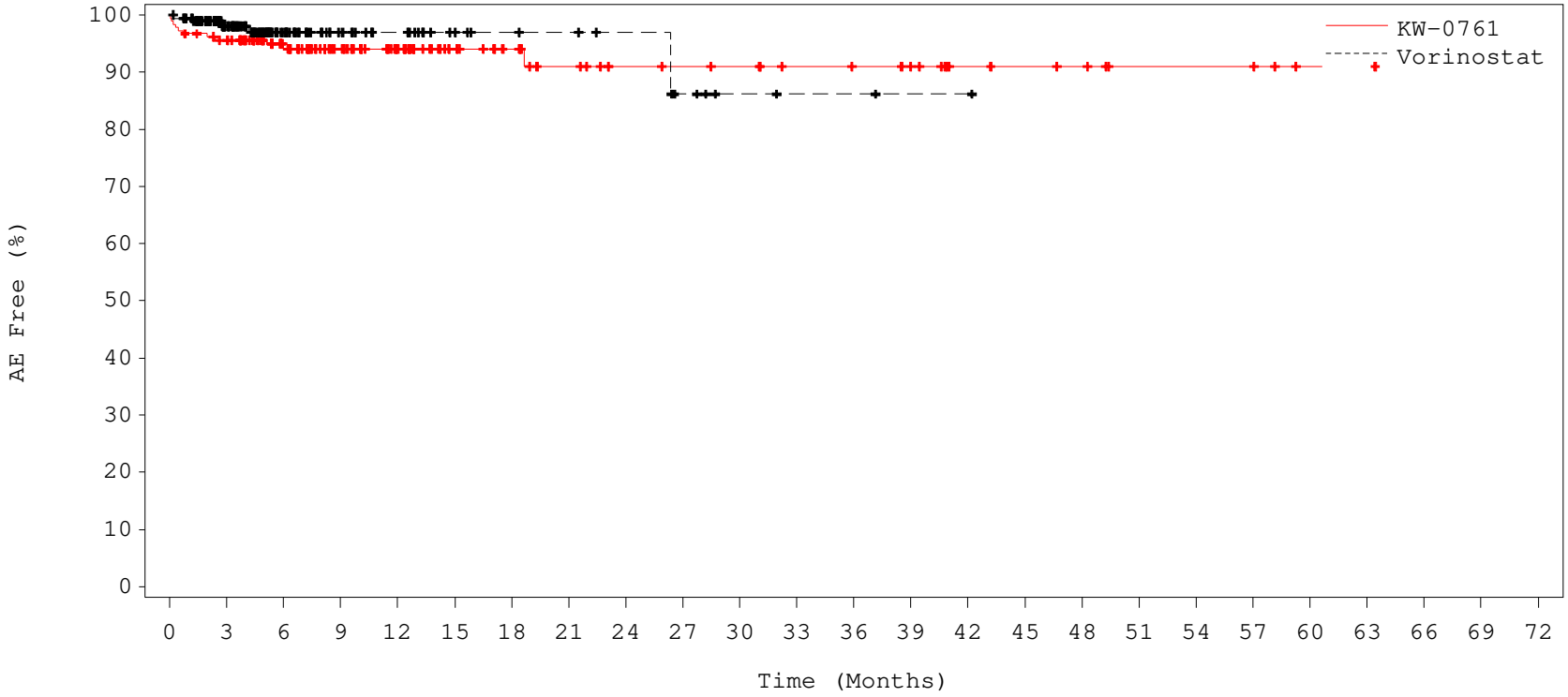
No. at Risk:

KW:	184	174	115	86	63	43	35	28	23	21	20	17	16	15	10	9	7	4	4	4	1	1	0	0	0
VOR:	186	112	54	32	25	16	13	12	9	7	4	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
RESPIRATORY, THORACIC AND MEDIASTINAL DISORDERS
OROPHARYNGEAL PAIN - Safety Population



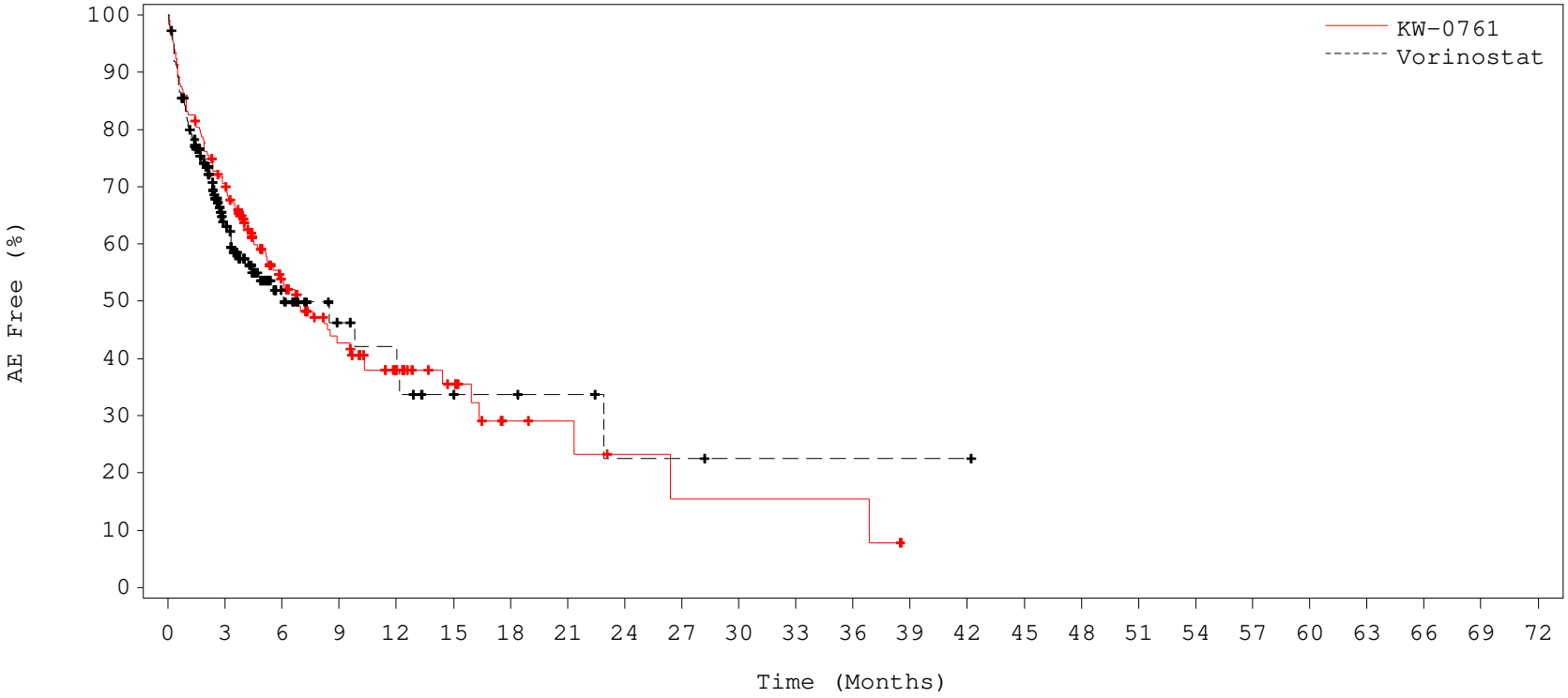
No. at Risk:

KW:	184	172	113	84	63	41	34	27	22	21	20	17	16	15	9	8	7	4	4	4	1	1	0	0	0
VOR:	186	112	52	30	23	15	12	11	9	6	3	2	2	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
SKIN AND SUBCUTANEOUS TISSUE DISORDERS
Safety Subjects



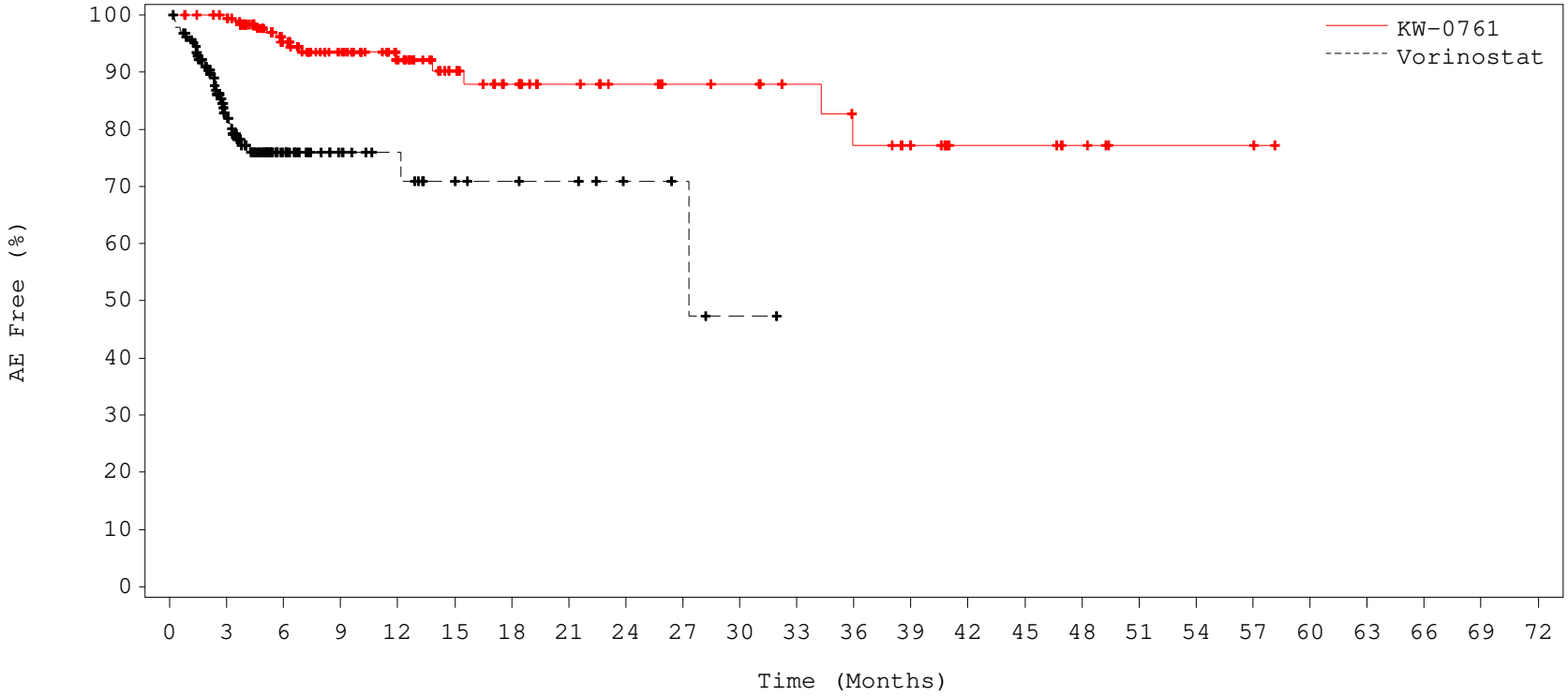
No. at Risk:

KW:	184	127	62	39	24	14	6	5	3	2	2	2	2	0	0	0	0	0	0	0	0	0	0	0
VOR:	186	73	25	12	10	6	5	4	2	2	1	1	1	1	1	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
SKIN AND SUBCUTANEOUS TISSUE DISORDERS
ALOPECIA - Safety Population



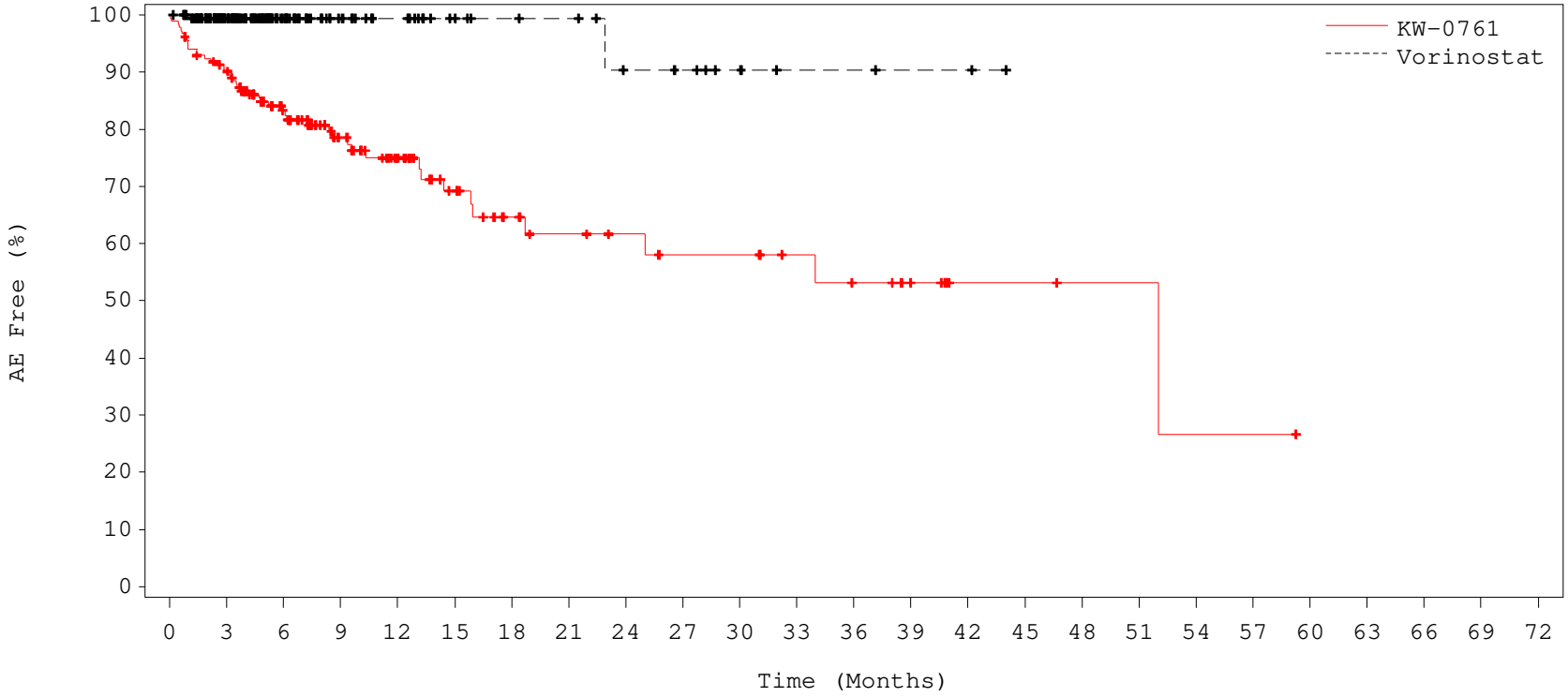
No. at Risk:

KW:	184	180	113	87	65	42	33	27	23	21	20	17	14	12	7	7	5	2	2	2	0	0	0	0	0
VOR:	186	93	36	19	15	10	8	7	4	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
SKIN AND SUBCUTANEOUS TISSUE DISORDERS
DRUG ERUPTION - Safety Population



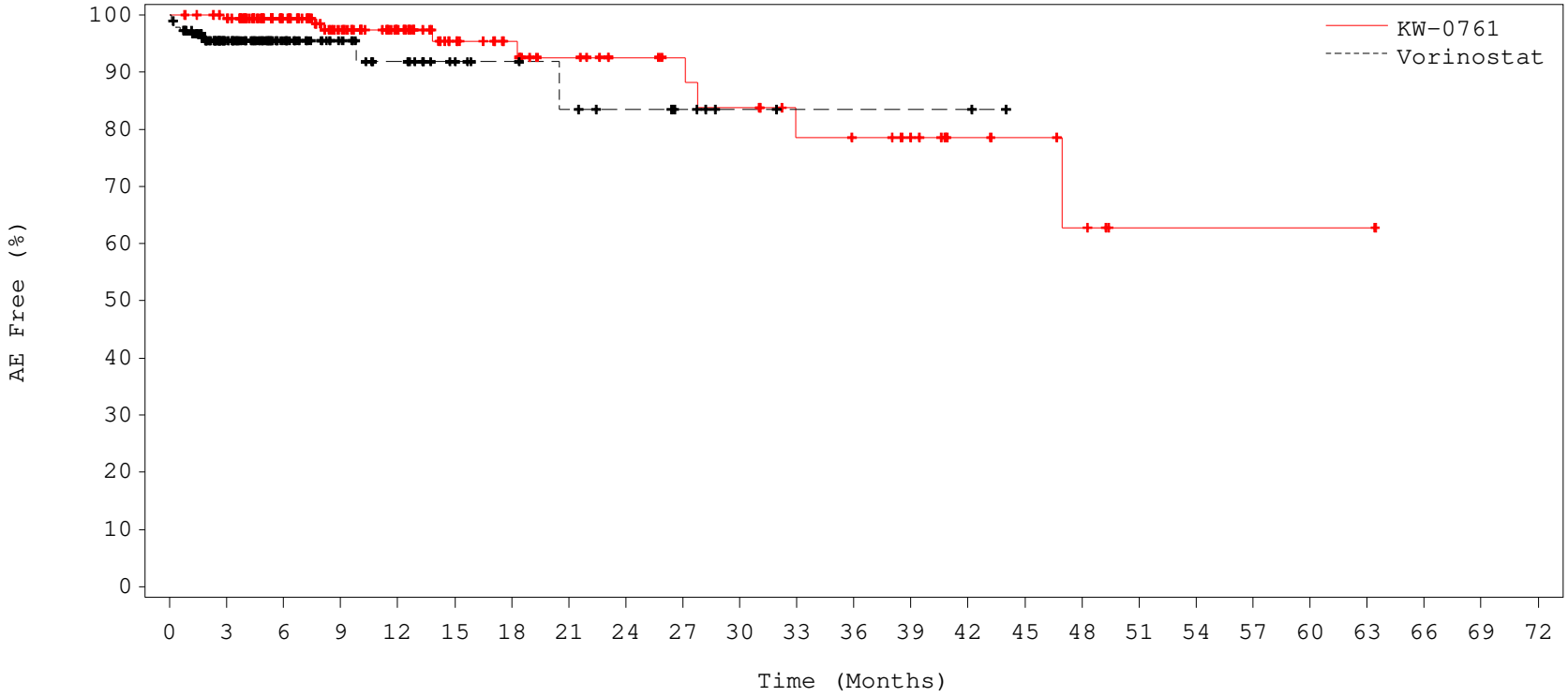
No. at Risk:

KW:	184	162	101	70	51	33	24	20	17	15	15	12	10	8	3	3	2	2	1	1	0	0	0	0	0
VOR:	186	115	54	32	25	17	14	13	9	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
SKIN AND SUBCUTANEOUS TISSUE DISORDERS
RASH - Safety Population



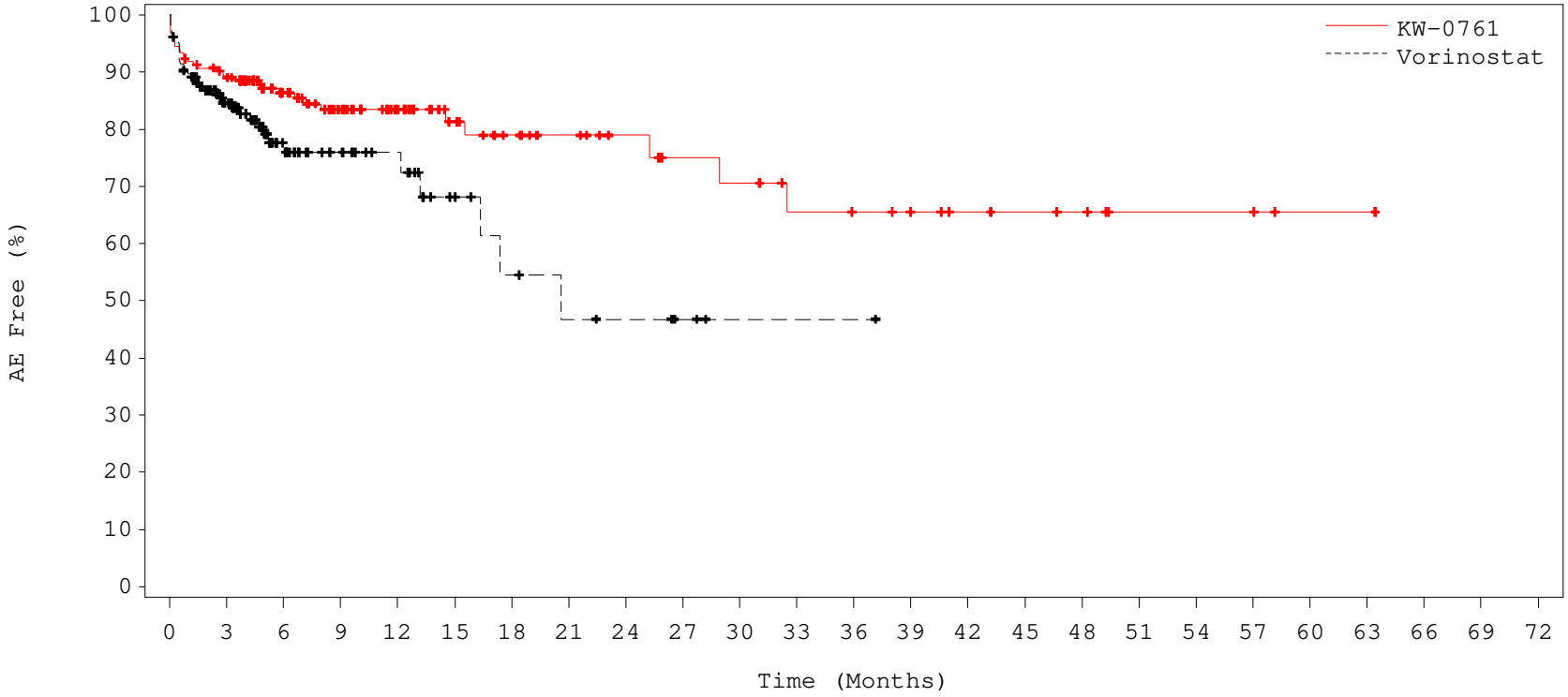
No. at Risk:

KW:	184	179	119	88	65	42	34	28	23	21	19	15	14	12	7	6	4	1	1	1	1	1	0	0	0
VOR:	186	109	52	30	22	15	12	10	8	6	3	2	2	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
VASCULAR DISORDERS
Safety Subjects



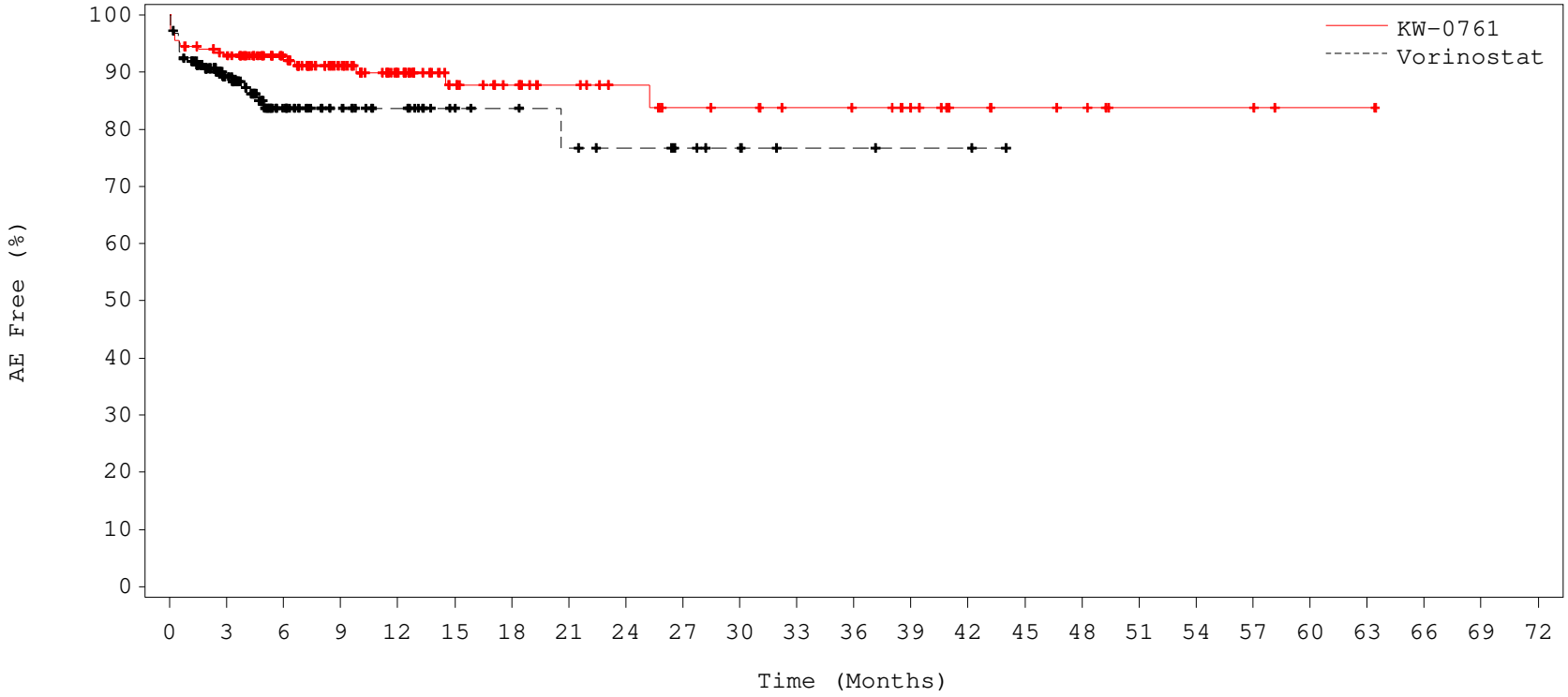
No. at Risk:

KW:	184	160	99	74	54	37	29	25	20	17	16	13	12	11	8	7	6	3	3	3	1	1	0	0	0
VOR:	186	100	44	28	22	12	8	6	5	3	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.0 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% Threshold during Randomized Treatment Period
VASCULAR DISORDERS
HYPERTENSION - Safety Population



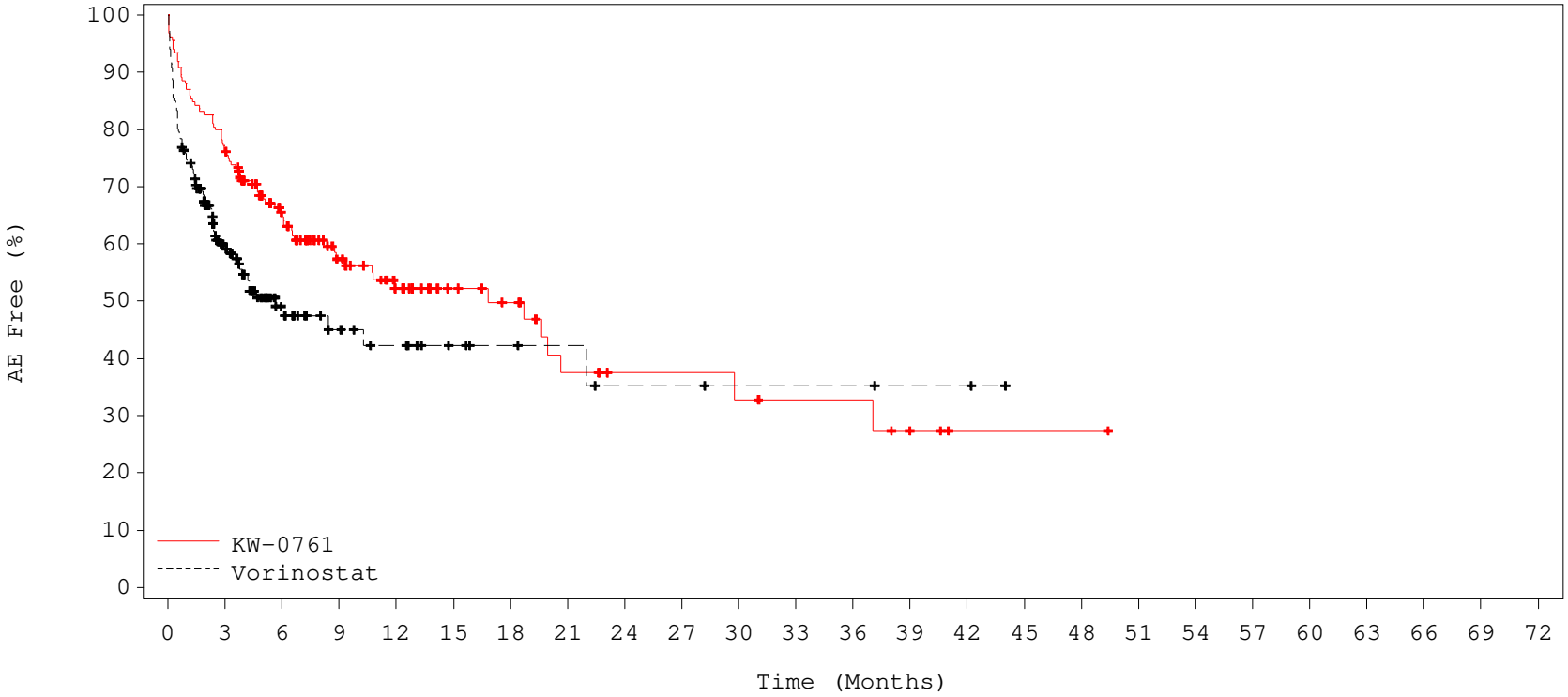
No. at Risk:

KW:	184	167	110	82	59	39	32	27	22	19	18	16	15	13	8	7	6	3	3	3	1	1	0	0	0
VOR:	186	104	47	30	23	15	13	11	9	7	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct.sas 07APR2020 7:47

Figure 11.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
(Any G3/4/5 TEAE)
Safety Subjects



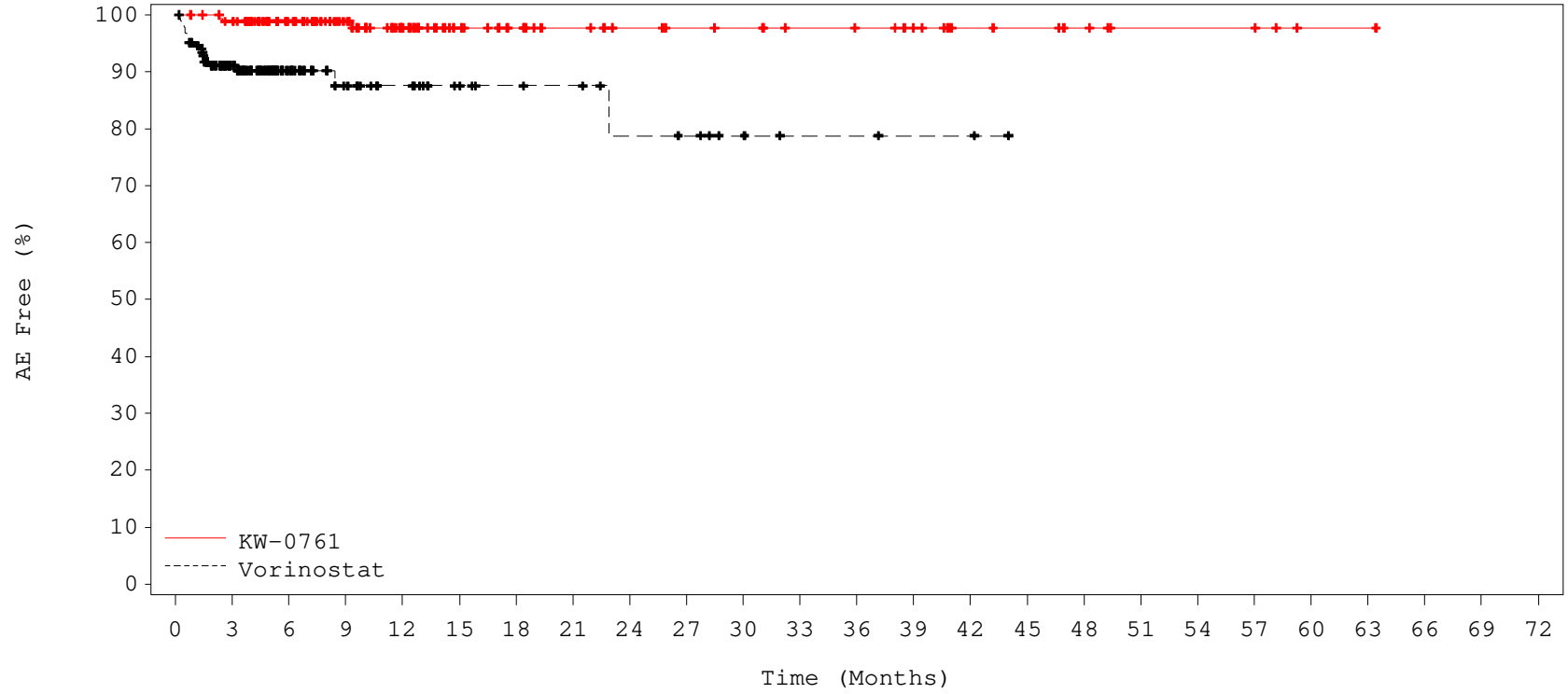
No. at Risk:

KW:	184	140	81	51	35	23	19	12	8	8	7	6	6	4	1	1	1	0	0	0	0	0	0	0	0
VOR:	186	74	30	18	14	9	7	6	4	4	3	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-g3.sas 06APR2020 9:17

Figure 11.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
BLOOD AND LYMPHATIC SYSTEM DISORDERS
Safety Subjects



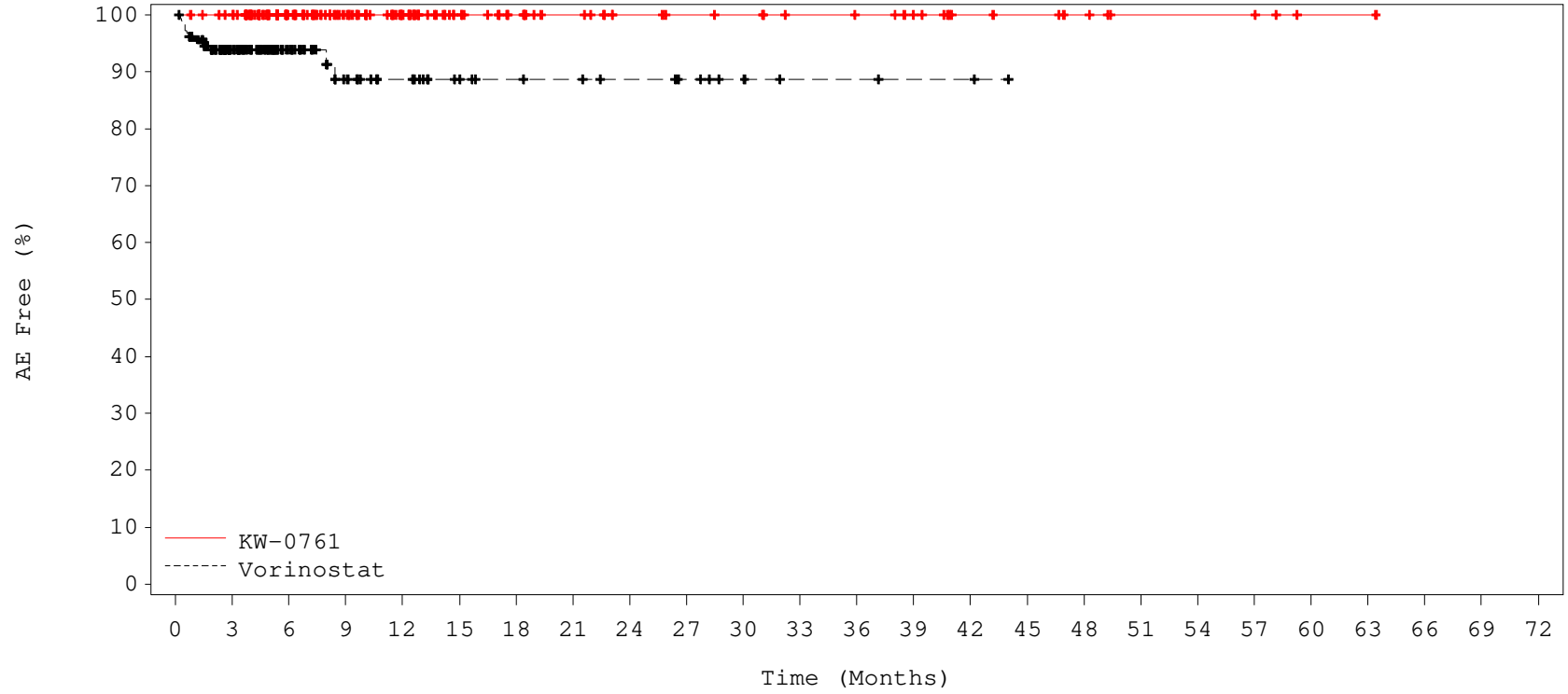
No. at Risk:

KW:	184	178	119	89	65	44	36	30	25	23	22	19	18	16	10	9	7	4	4	4	1	1	0	0	0
VOR:	186	105	50	30	23	16	13	12	9	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-g3.sas 06APR2020 9:17

Figure 11.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
BLOOD AND LYMPHATIC SYSTEM DISORDERS
THROMBOCYTOPENIA - Safety Population



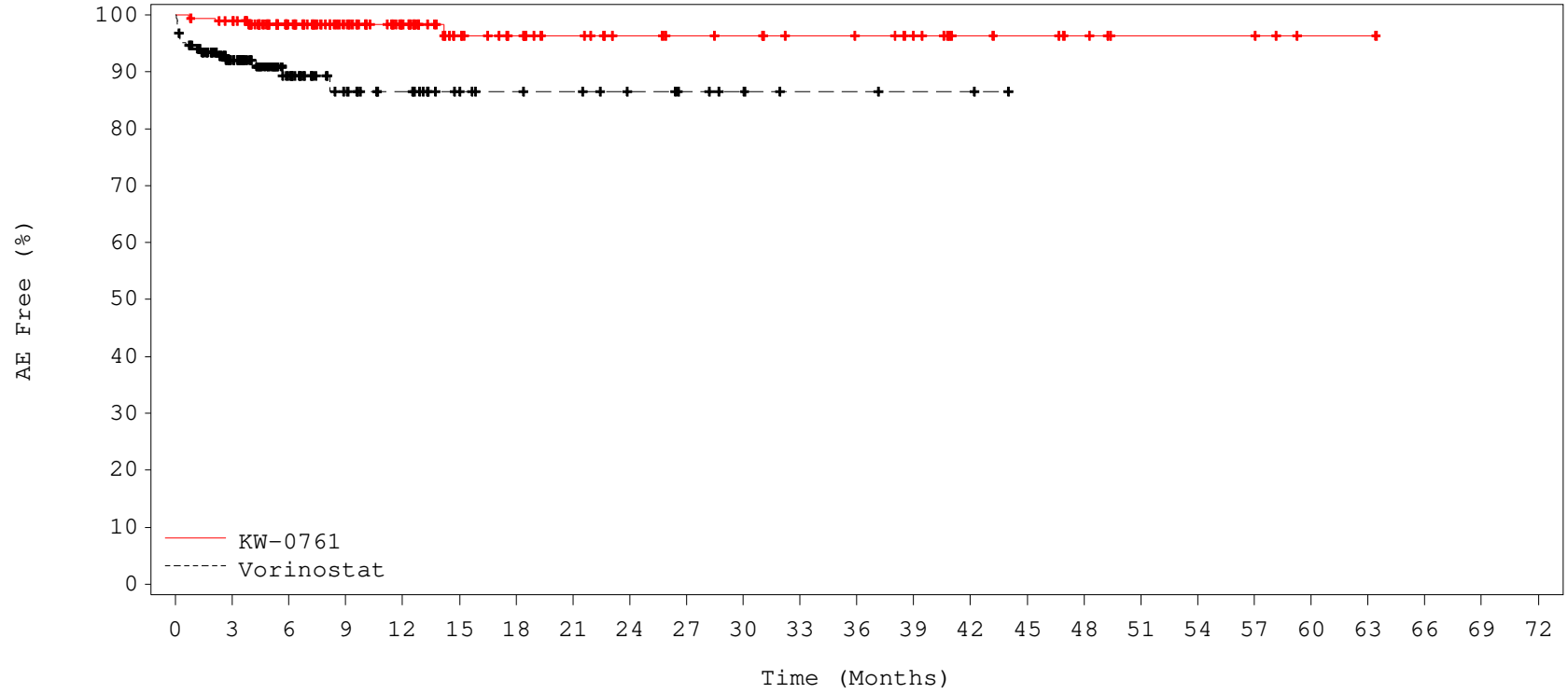
No. at Risk:

KW:	184	180	120	90	67	45	37	31	25	23	22	19	18	16	10	9	7	4	4	4	1	1	0	0	0
VOR:	186	109	52	30	23	16	13	12	10	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-g3.sas 06APR2020 9:17

Figure 11.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
GASTROINTESTINAL DISORDERS
Safety Subjects



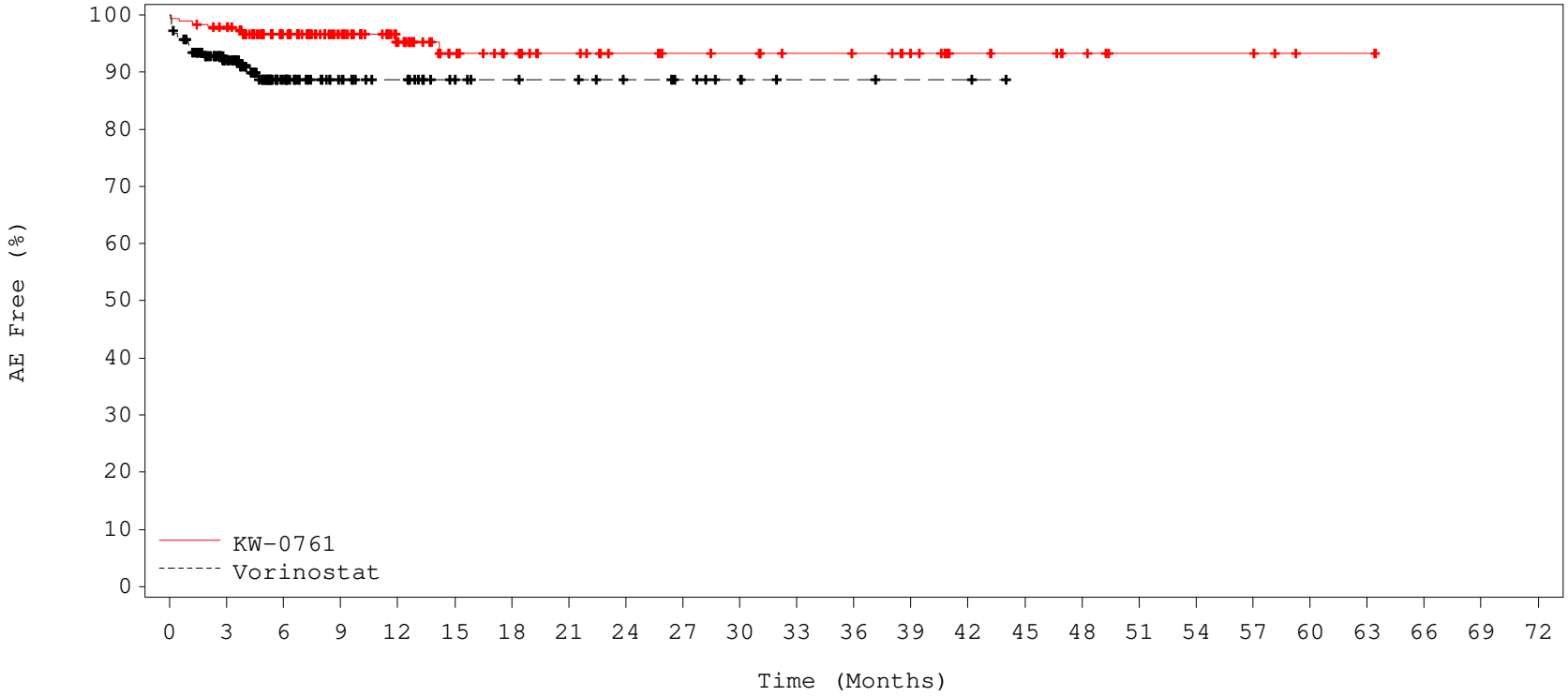
No. at Risk:

KW:	184	179	120	90	67	44	37	31	25	23	22	19	18	16	10	9	7	4	4	4	1	1	0	0	0
VOR:	186	106	51	30	24	16	13	12	9	7	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-g3.sas 06APR2020 9:17

Figure 11.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS
Safety Subjects



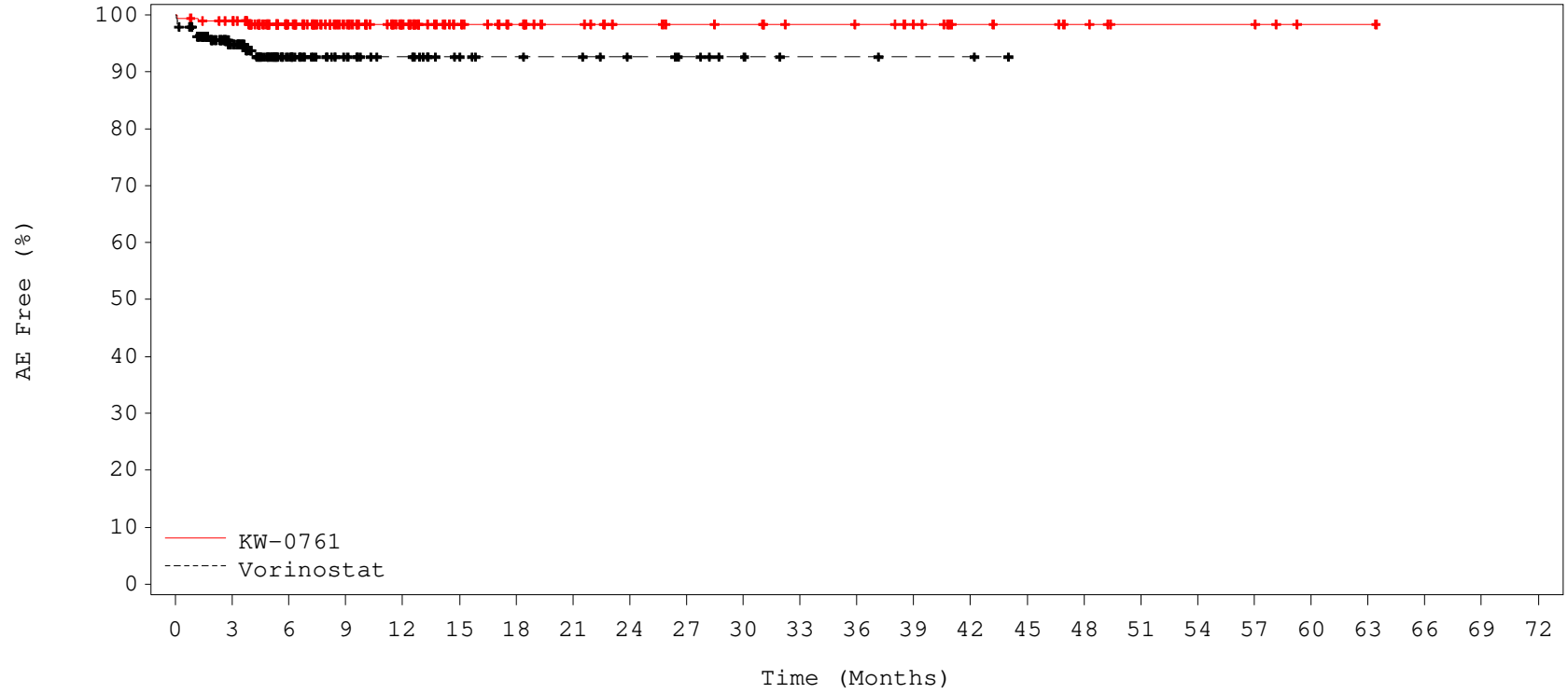
No. at Risk:

KW:	184	177	120	90	66	44	37	31	25	23	22	19	18	16	10	9	7	4	4	4	1	1	0	0	0
VOR:	186	108	51	31	25	17	14	13	10	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-g3.sas 06APR2020 9:17

Figure 11.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS
FATIGUE - Safety Population



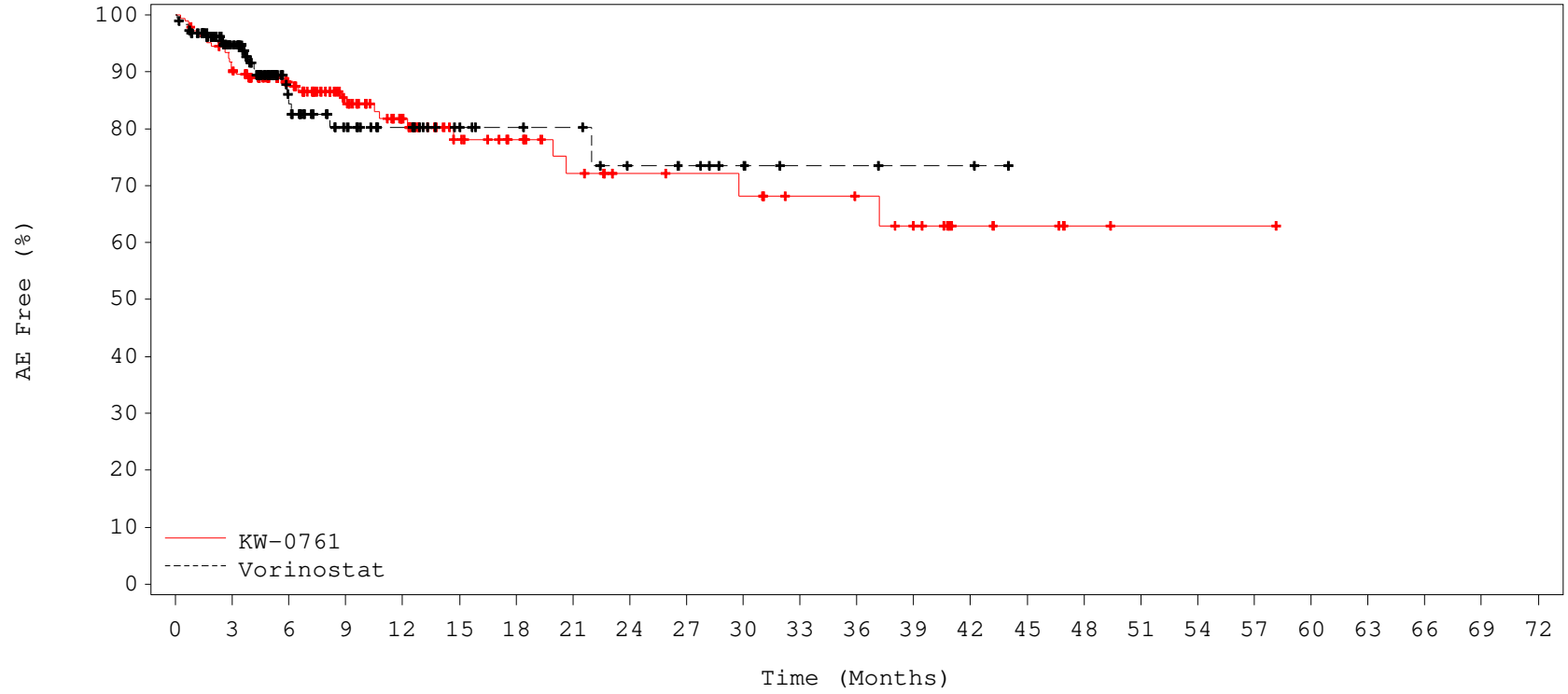
No. at Risk:

KW:	184	178	120	90	67	45	37	31	25	23	22	19	18	16	10	9	7	4	4	4	1	1	0	0	0
VOR:	186	109	51	31	25	17	14	13	10	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-g3.sas 06APR2020 9:17

Figure 11.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
INFECTIONS AND INFESTATIONS
Safety Subjects



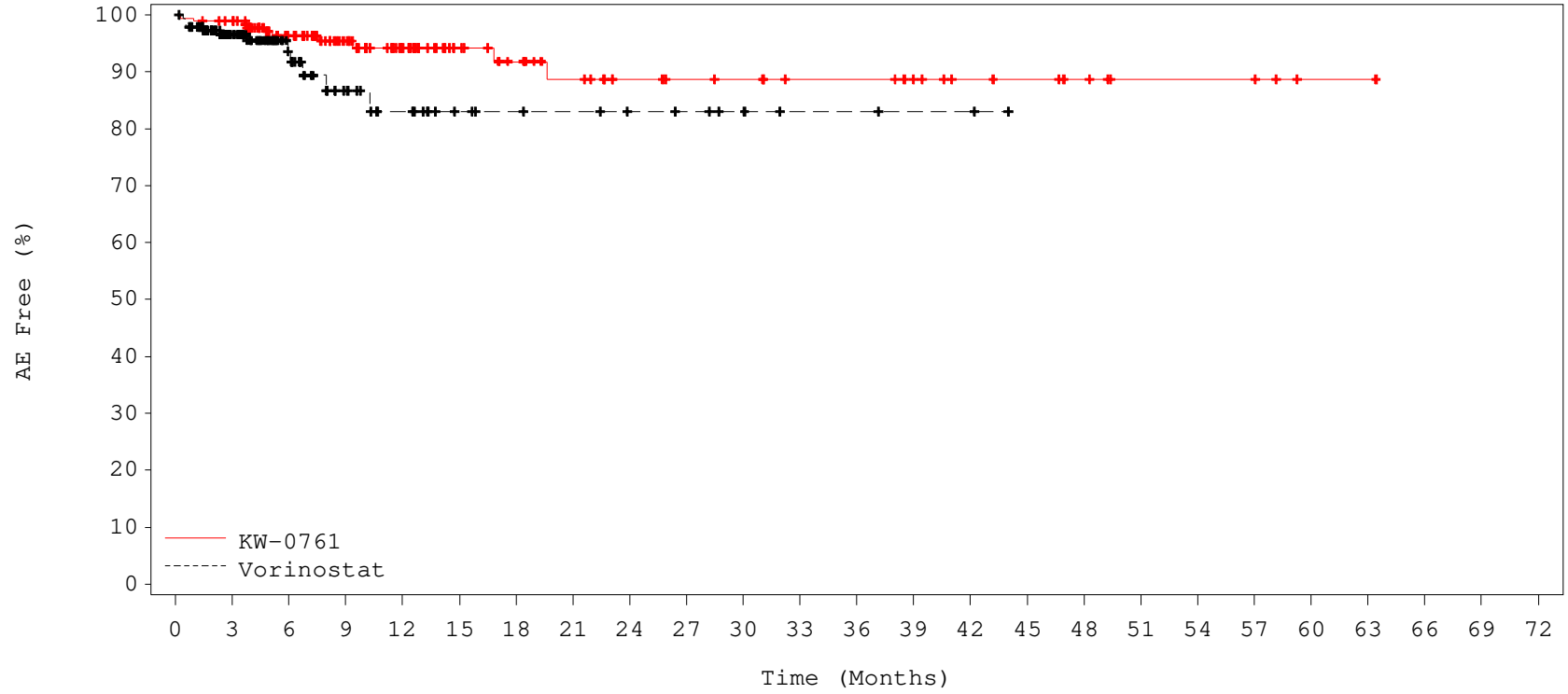
No. at Risk:

KW:	184	164	109	76	55	36	30	24	19	18	17	14	13	11	5	4	2	1	1	1	0	0	0	0	0
VOR:	186	110	49	31	24	17	14	13	9	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-g3.sas 06APR2020 9:17

Figure 11.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
INVESTIGATIONS
Safety Subjects



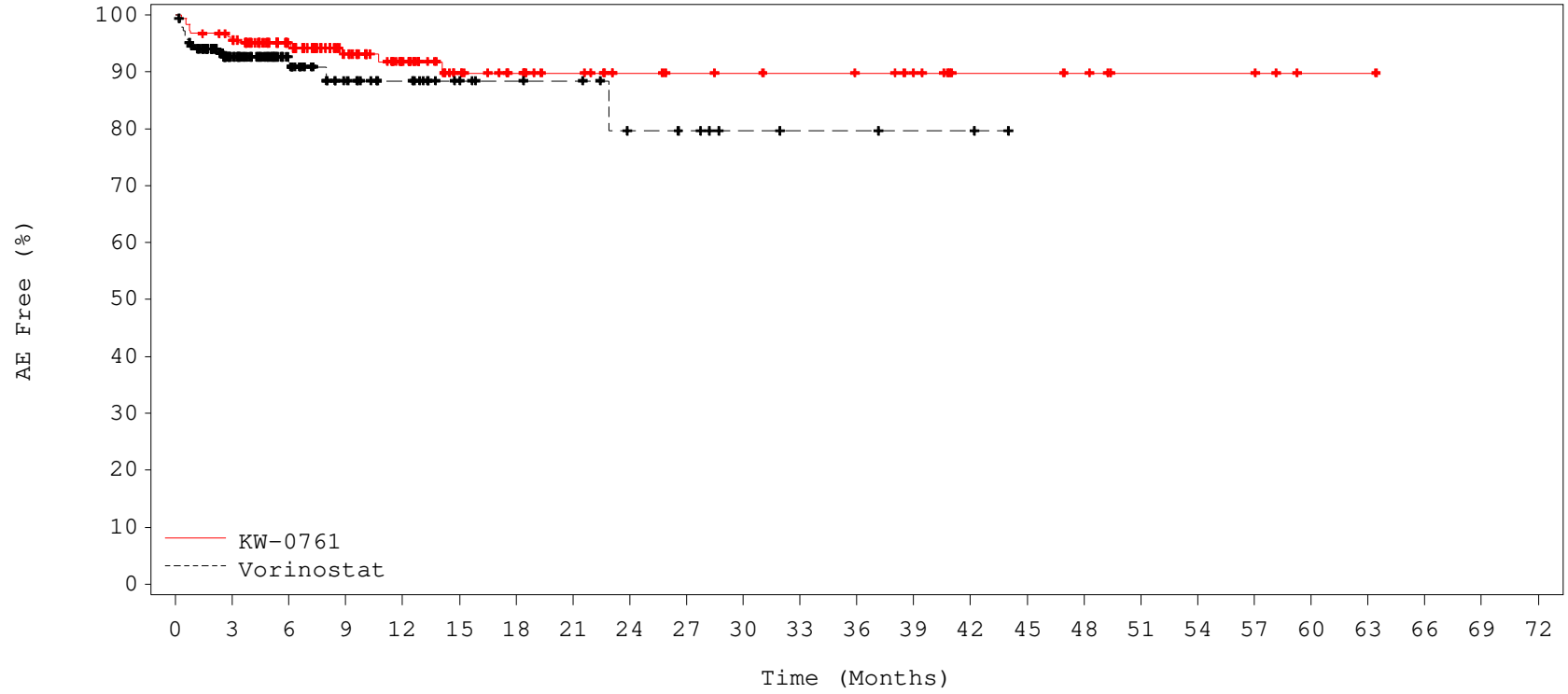
No. at Risk:

KW:	184	179	115	86	64	42	35	28	22	20	19	16	16	14	10	9	7	4	4	4	1	1	0	0	0
VOR:	186	112	49	27	20	13	11	10	8	7	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-g3.sas 06APR2020 9:17

Figure 11.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
METABOLISM AND NUTRITION DISORDERS
Safety Subjects



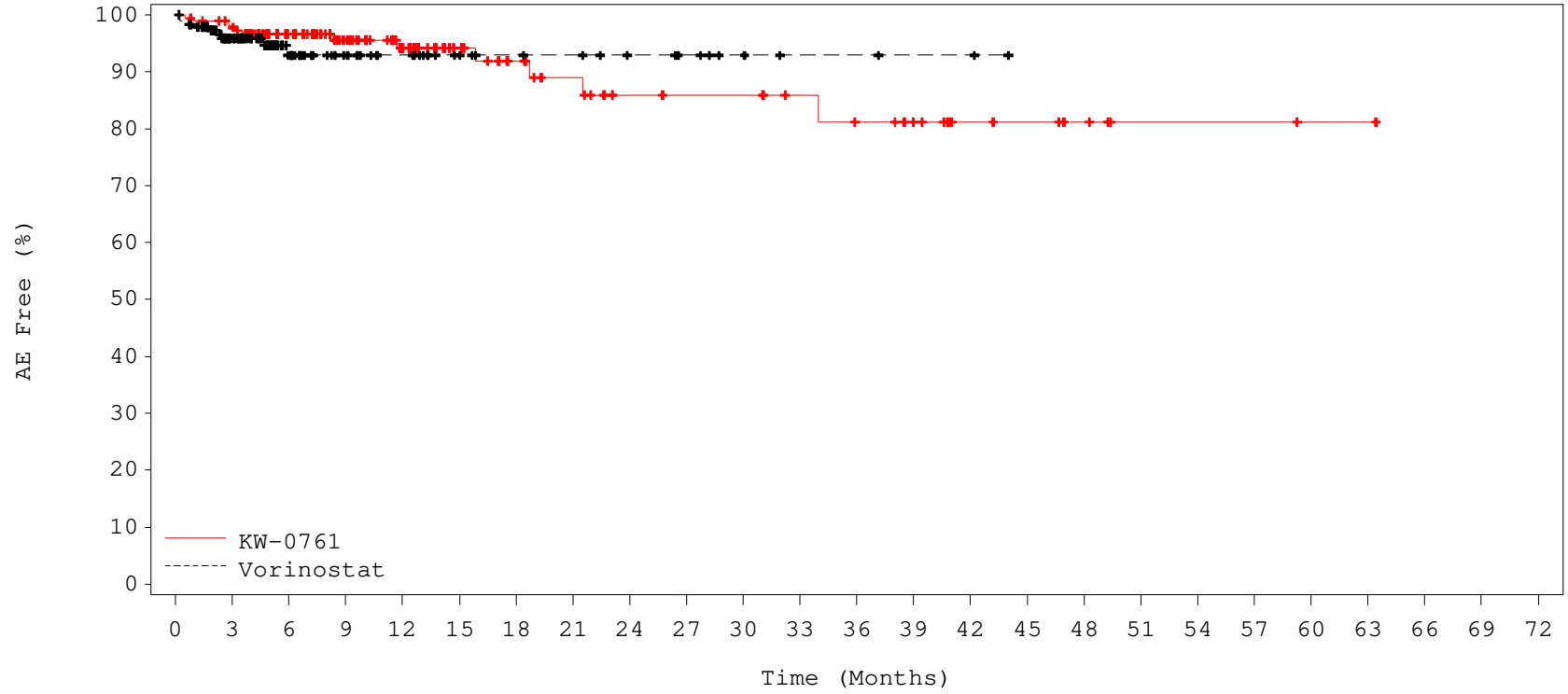
No. at Risk:

KW:	184	173	115	83	60	40	33	27	21	19	18	17	16	14	8	8	7	4	4	4	1	1	0	0	0
VOR:	186	109	52	31	24	16	13	12	8	7	4	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-g3.sas 06APR2020 9:17

Figure 11.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
SKIN AND SUBCUTANEOUS TISSUE DISORDERS
Safety Subjects



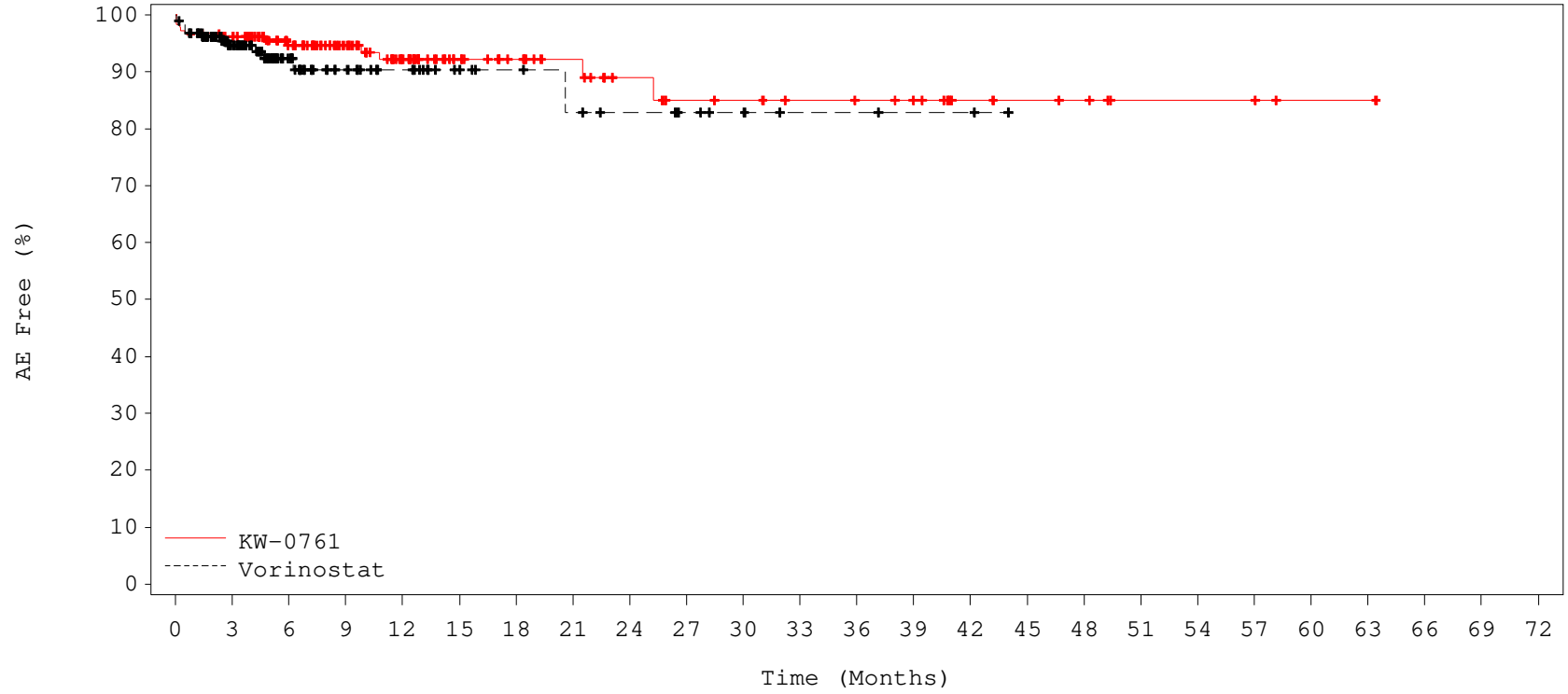
No. at Risk:

KW:	184	176	118	87	64	43	34	29	22	21	21	18	16	14	8	7	5	2	2	2	1	1	0	0	0
VOR:	186	113	52	32	25	17	14	13	10	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-g3.sas 06APR2020 9:17

Figure 11.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
VASCULAR DISORDERS
Safety Subjects



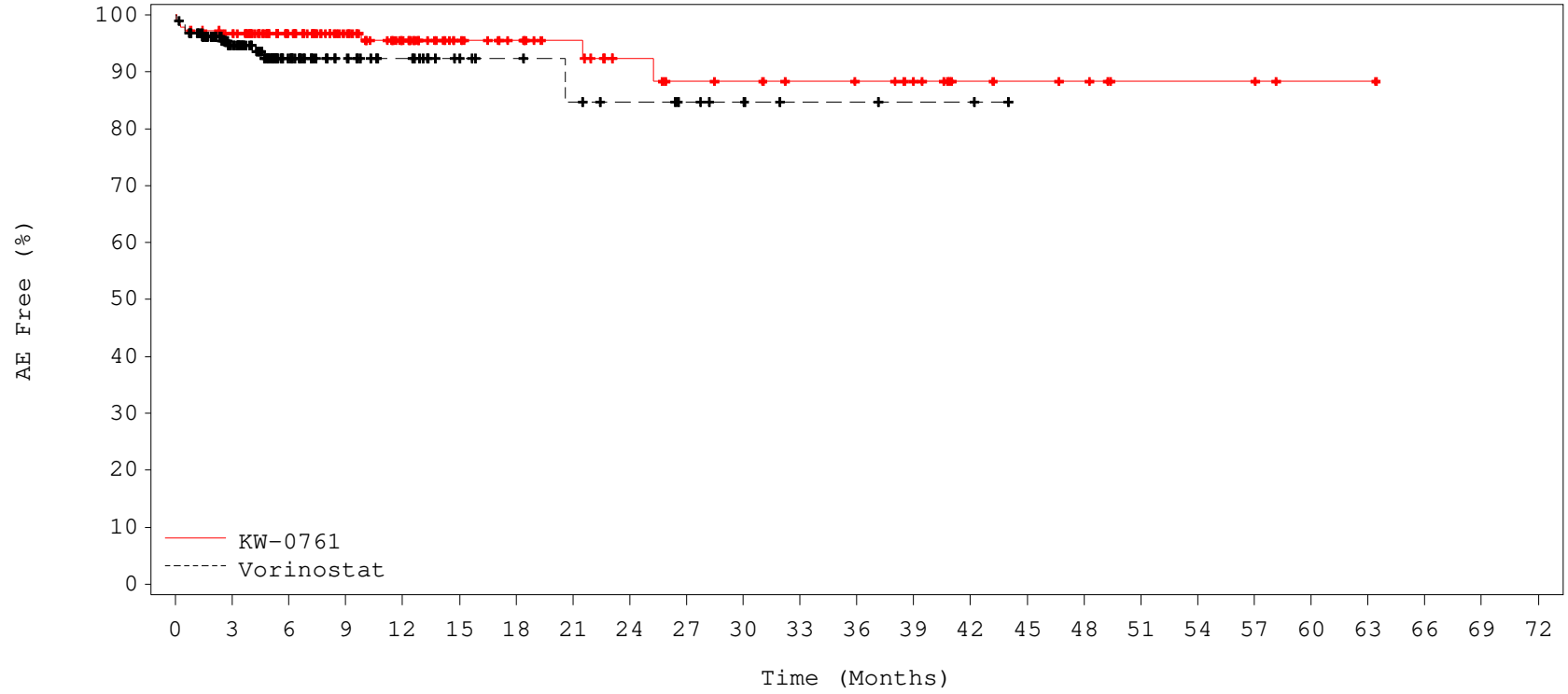
No. at Risk:

KW:	184	173	113	86	62	41	34	29	22	19	18	16	15	14	8	7	6	3	3	3	1	1	0	0	0
VOR:	186	109	51	31	24	16	13	11	9	7	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-g3.sas 06APR2020 9:17

Figure 11.1 Kaplan-Meier Plot of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
VASCULAR DISORDERS
HYPERTENSION - Safety Population



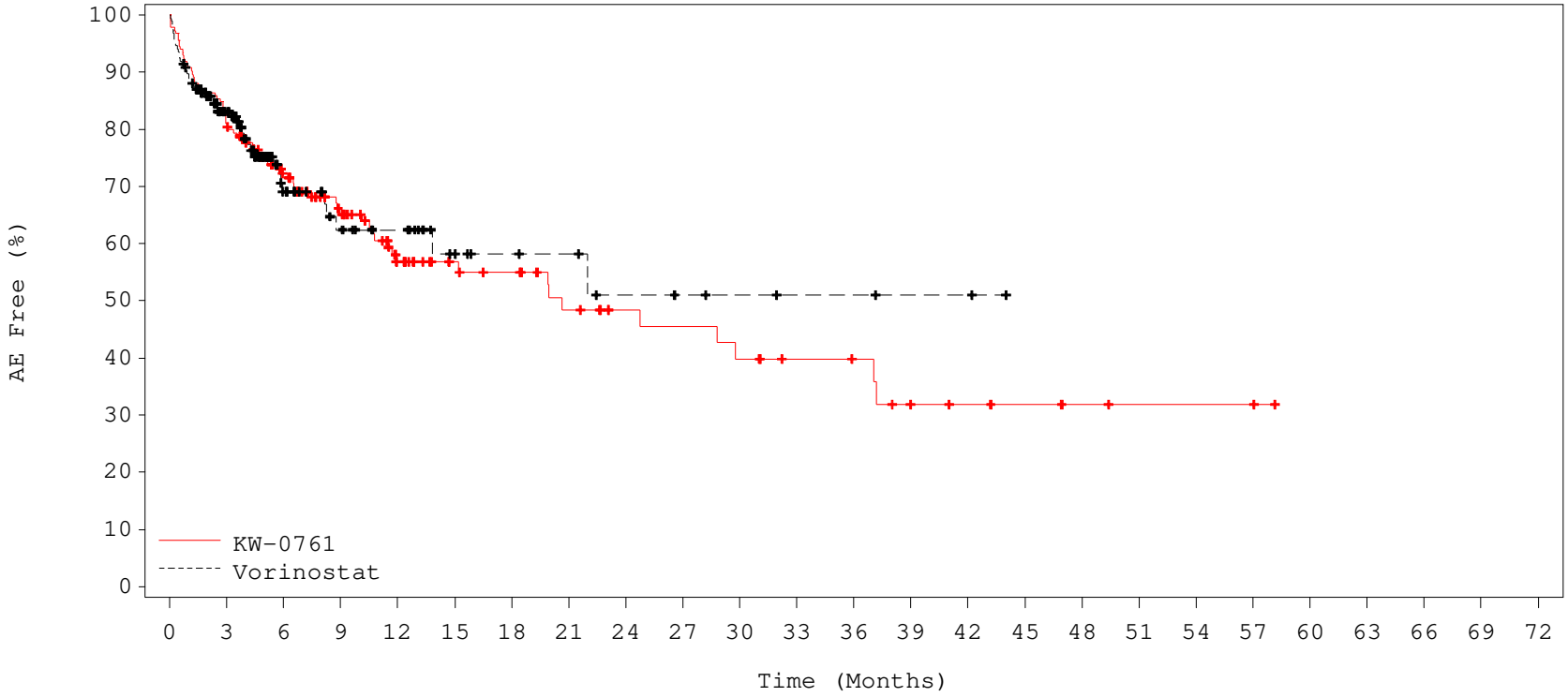
No. at Risk:

KW:	184	174	116	87	64	43	36	30	23	20	19	17	16	14	8	7	6	3	3	3	1	1	0	0	0
VOR:	186	109	51	31	24	16	13	11	9	7	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-g3.sas 06APR2020 9:17

Figure 11.2 Kaplan-Meier Plot of Time to Serious Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period
(Any Serious TEAE)
Safety Subjects

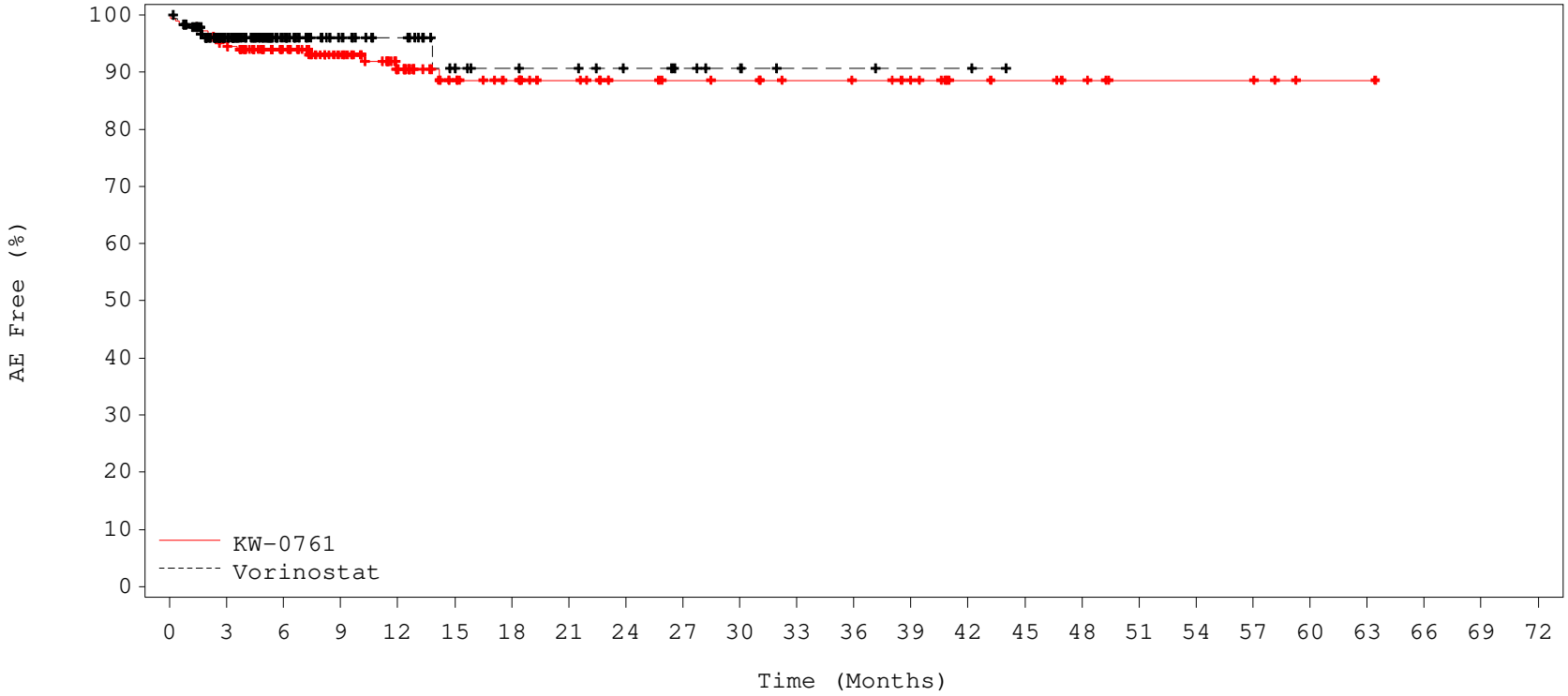


No. at Risk:

KW:	184	149	92	64	42	31	28	22	17	16	14	11	10	7	5	4	3	2	2	2	0	0	0	0	0
VOR:	186	102	42	27	22	13	10	9	6	5	4	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Figure 11.2 Kaplan-Meier Plot of Time to Serious Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS
Safety Subjects



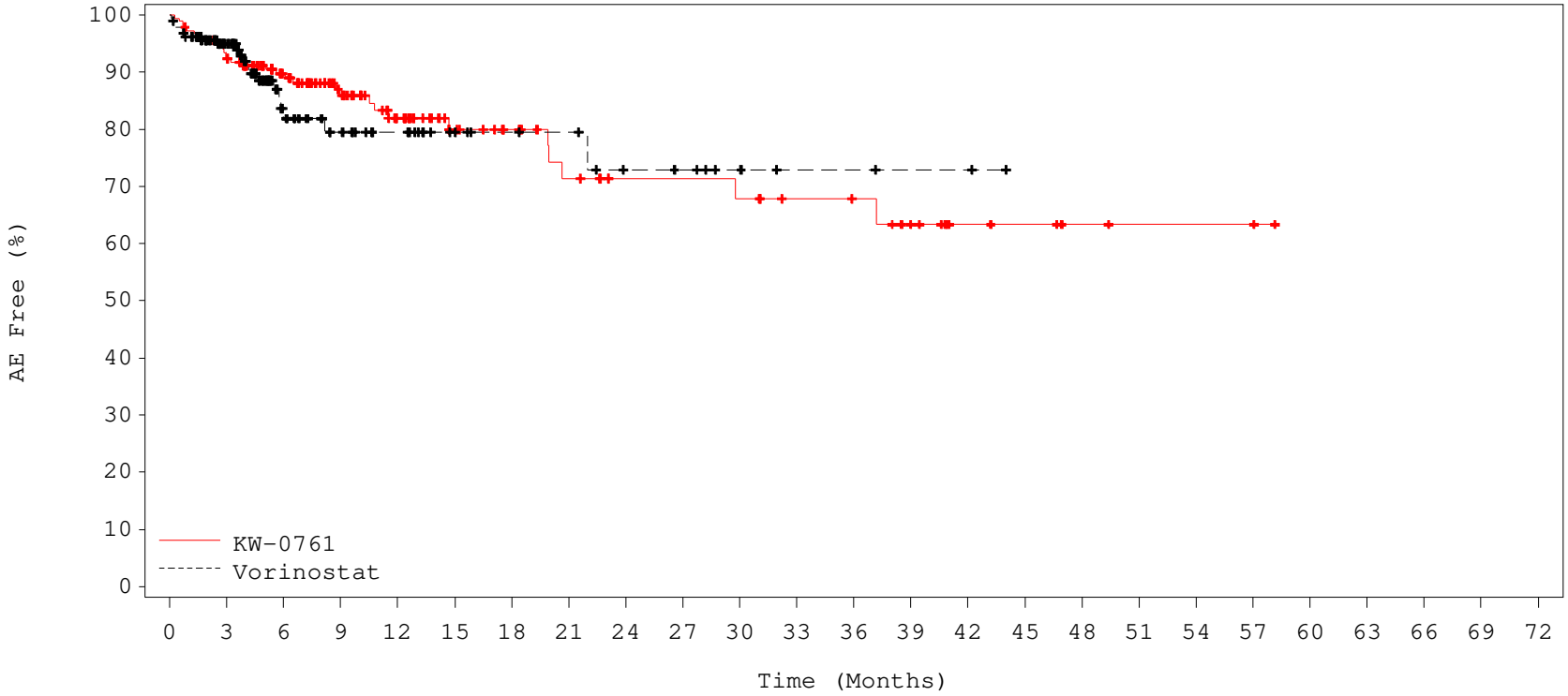
No. at Risk:

KW:	184	172	119	89	64	43	37	31	25	23	22	19	18	16	10	9	7	4	4	4	1	1	0	0	0
VOR:	186	112	54	32	25	16	13	12	9	7	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-saept.sas 06APR2020 9:18

Figure 11.2 Kaplan-Meier Plot of Time to Serious Treatment-Emergent Adverse Event (TEAE) during Randomized Treatment Period
INFECTIONS AND INFESTATIONS
Safety Subjects



No. at Risk:

KW:	184	168	111	78	56	38	32	25	20	20	19	16	15	12	6	5	3	2	2	2	0	0	0	0	0
VOR:	186	111	48	32	25	17	14	13	9	8	5	3	3	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Overall Survival (OS) Cox Model to Test for Interaction Between Treatment and Specified Variable

Variable	p-value
Treatment Plan X Gender(F vs M)	0.6530
Treatment Plan X Age Group(>= 65 years vs < 65 years)	0.6485
Treatment Plan X Disease Type(SS vs MF)	0.0317
Treatment Plan X Disease Stage(III/IV vs IB/II)	0.1262
Treatment Plan X Blood Involvement(Yes vs No)	0.7435
Treatment Plan X Region 1(Europe vs US)	0.4931
Treatment Plan X Region 2(Europe vs Rest of World)	0.1108

Note: The covariates in the Cox proportional hazards model include the specified variable, treatment, disease type, disease stage, region and interaction between treatment and the specified variable. The p-value is obtained from Wald-test. For Treatment Plan * Region 1, the analysis set exludes subjects in Rest of World. For Treatment Plan * Region 2, the analysis set excludes subjects in US.

Data source:adte.sas7bdat Program source:t_os_int.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.7.1.2
Summary of Overall Survival(OS) During Randomized Treatment Period
by Gender

Gender = M

	Vorinostat N=107	KW-0761 N=109
Subjects Died (n, %)	29 (27.1)	24 (22.0)
Subjects Censored (n, %)	78 (72.9)	85 (78.0)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	24.2	23.2
Median (95% CI)*	43.57 (43.57, -)	-
Q3	43.9	-
Mean	19.35	18.58
Std Dev	11.750	11.344
Median	17.30	16.87
Minimum	0.2	0.0
Maximum	45.4	47.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.82 (0.47, 1.42)
Log rank p-value		0.6091
Rate (%) of Being Alive for at Least***		
6 Months (95% CI)	90.5 (83.0, 94.8)	95.0 (88.5, 97.9)
12 Months (95% CI)	82.5 (73.6, 88.6)	89.9 (82.0, 94.4)
18 Months (95% CI)	79.8 (70.3, 86.5)	78.7 (68.0, 86.2)
24 Months (95% CI)	76.2 (65.6, 83.9)	72.9 (60.8, 81.8)
30 Months (95% CI)	64.7 (51.3, 75.4)	66.0 (51.2, 77.3)
36 Months (95% CI)	64.7 (51.3, 75.4)	66.0 (51.2, 77.3)
42 Months (95% CI)	64.7 (51.3, 75.4)	56.6 (34.1, 74.0)

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source:adte.sas7bdat Program source:t5-3-5-3-7-1-2.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.7.1.2
Summary of Overall Survival(OS) During Randomized Treatment Period
by Gender

Gender = F

	Vorinostat N=79	KW-0761 N=77
Subjects Died (n, %)	18 (22.8)	16 (20.8)
Subjects Censored (n, %)	61 (77.2)	61 (79.2)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	25.4	27.7
Median (95% CI)*	-	39.27 (31.07, -)
Q3	-	-
Mean	20.76	18.13
Std Dev	11.186	11.166
Median	19.07	15.17
Minimum	1.0	0.8
Maximum	47.1	45.2
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.06 (0.54, 2.10)
Log rank p-value		0.6217
Rate (%) of Being Alive for at Least***		
6 Months (95% CI)	94.7 (86.6, 98.0)	93.1 (84.2, 97.1)
12 Months (95% CI)	89.3 (79.7, 94.5)	90.0 (80.1, 95.1)
18 Months (95% CI)	82.9 (71.8, 90.0)	84.0 (71.9, 91.2)
24 Months (95% CI)	76.9 (64.3, 85.6)	77.8 (62.9, 87.3)
30 Months (95% CI)	70.6 (55.7, 81.3)	69.2 (50.8, 81.8)
36 Months (95% CI)	64.2 (45.0, 78.2)	64.2 (44.5, 78.5)
42 Months (95% CI)	64.2 (45.0, 78.2)	48.2 (17.9, 73.3)

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source:adte.sas7bdat Program source:t5-3-5-3-7-1-2.sas Data cut-off date:31-Dec-2016

Summary of Overall Survival (OS) During Randomized Treatment Period
by Age Group Intent-to-treat Set

Age Group = <65 years

	Vorinostat N=89	KW-0761 N=99
Subjects Died (n, %)	20 (22.5)	19 (19.2)
Subjects Censored (n, %)	69 (77.5)	80 (80.8)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	24.2	22.9
Median (95% CI)*	-	-
Q3	-	-
Mean	18.57	18.61
Std Dev	10.341	10.400
Median	18.13	16.63
Minimum	0.2	1.0
Maximum	42.1	44.8
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.86 (0.45, 1.62)
Log rank p-value		0.9268

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source:adte.sas7bdat Program source:t_os_agegr.sas Data cut-off date:31-Dec-2016

Summary of Overall Survival (OS) During Randomized Treatment Period
by Age Group Intent-to-treat Set

Age Group = >=65 years

	Vorinostat N=97	KW-0761 N=87
Subjects Died (n, %)	27 (27.8)	21 (24.1)
Subjects Censored (n, %)	70 (72.2)	66 (75.9)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	26.4	26.7
Median (95% CI)*	43.93 (43.57, -)	40.27 (27.83, -)
Q3	-	-
Mean	21.22	18.15
Std Dev	12.395	12.187
Median	19.33	16.03
Minimum	1.0	0.0
Maximum	47.1	47.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.99 (0.56, 1.77)
Log rank p-value		0.8130

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source:adte.sas7bdat Program source:t_os_agegr.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.7.1.5
Summary of Overall Survival(OS) During Randomized Treatment Period
by Disease Type

Disease Type = Mycosis Fungoides (MF)

	Vorinostat N=99	KW-0761 N=105
Subjects Died (n, %)	28 (28.3)	17 (16.2)
Subjects Censored (n, %)	71 (71.7)	88 (83.8)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	20.7	27.8
Median (95% CI)*	-	-
Q3	-	-
Mean	18.13	17.70
Std Dev	10.883	10.811
Median	17.30	16.63
Minimum	0.2	0.9
Maximum	38.5	44.9
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.61 (0.33, 1.12)
Log rank p-value		0.0923
Rate (%) of Being Alive for at Least***		
6 Months (95% CI)	88.6 (80.4, 93.5)	94.8 (87.9, 97.8)
12 Months (95% CI)	79.6 (69.8, 86.5)	93.7 (86.5, 97.1)
18 Months (95% CI)	78.3 (68.3, 85.4)	82.9 (71.9, 89.8)
24 Months (95% CI)	74.8 (63.9, 82.8)	75.9 (62.8, 85.0)
30 Months (95% CI)	61.0 (46.1, 72.9)	72.1 (57.1, 82.7)
36 Months (95% CI)	54.2 (35.6, 69.5)	72.1 (57.1, 82.7)
42 Months (95% CI)	-	72.1 (57.1, 82.7)

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source:adte.sas7bdat Program source:t5-3-5-3-7-1-5.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.7.1.5
Summary of Overall Survival(OS) During Randomized Treatment Period
by Disease Type

Disease Type = Sezary Syndrome (SS)

	Vorinostat N=87	KW-0761 N=81
Subjects Died (n, %)	19 (21.8)	23 (28.4)
Subjects Censored (n, %)	68 (78.2)	58 (71.6)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	27.0	22.9
Median (95% CI)*	43.93 (43.57, -)	39.27 (27.67, -)
Q3	-	-
Mean	22.01	19.29
Std Dev	11.902	11.786
Median	19.33	16.03
Minimum	1.0	0.0
Maximum	47.1	47.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.51 (0.82, 2.77)
Log rank p-value		0.1405
Rate (%) of Being Alive for at Least***		
6 Months (95% CI)	96.5 (89.5, 98.8)	93.5 (85.1, 97.2)
12 Months (95% CI)	91.6 (83.3, 95.9)	85.4 (75.2, 91.7)
18 Months (95% CI)	84.1 (73.5, 90.7)	78.0 (65.8, 86.3)
24 Months (95% CI)	78.2 (65.9, 86.4)	73.0 (59.4, 82.7)
30 Months (95% CI)	73.0 (59.2, 82.8)	62.0 (45.1, 75.1)
36 Months (95% CI)	73.0 (59.2, 82.8)	57.9 (40.2, 72.0)
42 Months (95% CI)	73.0 (59.2, 82.8)	41.3 (19.4, 62.1)

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source:adte.sas7bdat Program source:t5-3-5-3-7-1-5.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.7.1.6
Summary of Overall Survival(OS) During Randomized Treatment Period
by Disease Stage

Disease Stage = IB/II

	Vorinostat N=72	KW-0761 N=68
Subjects Died (n, %)	22 (30.6)	13 (19.1)
Subjects Censored (n, %)	50 (69.4)	55 (80.9)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	20.7	22.7
Median (95% CI)*	34.13 (26.37, -)	-
Q3	-	-
Mean	17.77	17.77
Std Dev	10.848	10.911
Median	17.12	16.32
Minimum	0.2	1.0
Maximum	38.5	44.9
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.61 (0.31, 1.23)
Log rank p-value		0.1873
Rate (%) of Being Alive for at Least***		
6 Months (95% CI)	85.6 (74.9, 92.0)	95.2 (85.8, 98.4)
12 Months (95% CI)	77.8 (65.9, 86.0)	95.2 (85.8, 98.4)
18 Months (95% CI)	77.8 (65.9, 86.0)	80.1 (64.7, 89.4)
24 Months (95% CI)	73.0 (59.6, 82.5)	69.9 (52.1, 82.2)
30 Months (95% CI)	59.2 (42.2, 72.7)	64.6 (44.7, 78.8)
36 Months (95% CI)	49.3 (26.6, 68.5)	64.6 (44.7, 78.8)
42 Months (95% CI)	-	64.6 (44.7, 78.8)

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source:adte.sas7bdat Program source:t5-3-5-3-7-1-6.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.7.1.6
Summary of Overall Survival(OS) During Randomized Treatment Period
by Disease Stage

Disease Stage = III/IV

	Vorinostat N=114	KW-0761 N=118
Subjects Died (n, %)	25 (21.9)	27 (22.9)
Subjects Censored (n, %)	89 (78.1)	91 (77.1)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	27.0	26.7
Median (95% CI)*	43.93 (43.57, -)	40.27 (39.27, -)
Q3	-	-
Mean	21.33	18.76
Std Dev	11.739	11.459
Median	19.42	16.17
Minimum	0.9	0.0
Maximum	47.1	47.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.24 (0.72, 2.14)
Log rank p-value		0.3974
Rate (%) of Being Alive for at Least***		
6 Months (95% CI)	96.4 (90.7, 98.6)	93.7 (87.2, 96.9)
12 Months (95% CI)	89.9 (82.5, 94.3)	87.1 (79.1, 92.1)
18 Months (95% CI)	83.0 (73.9, 89.1)	80.9 (71.5, 87.5)
24 Months (95% CI)	78.5 (68.2, 85.7)	77.2 (66.6, 84.9)
30 Months (95% CI)	71.8 (59.4, 81.0)	68.6 (54.6, 79.1)
36 Months (95% CI)	71.8 (59.4, 81.0)	65.3 (50.4, 76.7)
42 Months (95% CI)	71.8 (59.4, 81.0)	49.0 (26.2, 68.3)

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source:adte.sas7bdat Program source:t5-3-5-3-7-1-6.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.7.1.7
Summary of Overall Survival(OS) During Randomized Treatment Period
by Blood Involvement

Blood Involvement = Y

	Vorinostat N=122	KW-0761 N=123
Subjects Died (n, %)	29 (23.8)	27 (22.0)
Subjects Censored (n, %)	93 (76.2)	96 (78.0)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	26.2	26.7
Median (95% CI)*	43.93 (43.57, -)	-
Q3	-	-
Mean	20.35	18.93
Std Dev	11.611	12.151
Median	19.07	15.97
Minimum	0.2	0.0
Maximum	47.1	47.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.03 (0.60, 1.76)
Log rank p-value		0.7336
Rate (%) of Being Alive for at Least***		
6 Months (95% CI)	93.3 (87.0, 96.6)	93.0 (86.5, 96.5)
12 Months (95% CI)	88.0 (80.6, 92.7)	88.4 (80.8, 93.1)
18 Months (95% CI)	82.4 (73.6, 88.5)	80.8 (71.1, 87.4)
24 Months (95% CI)	76.5 (66.3, 84.0)	77.1 (66.4, 84.8)
30 Months (95% CI)	68.0 (55.5, 77.7)	69.5 (56.3, 79.5)
36 Months (95% CI)	68.0 (55.5, 77.7)	66.8 (52.8, 77.4)
42 Months (95% CI)	68.0 (55.5, 77.7)	54.4 (34.4, 70.6)

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source:adte.sas7bdat Program source:t5-3-5-3-7-1-7.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.7.1.7
Summary of Overall Survival(OS) During Randomized Treatment Period
by Blood Involvement

Blood Involvement = N

	Vorinostat N=62	KW-0761 N=63
Subjects Died (n, %)	17 (27.4)	13 (20.6)
Subjects Censored (n, %)	45 (72.6)	50 (79.4)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	24.2	22.7
Median (95% CI)*	-	-
Q3	-	-
Mean	19.63	17.34
Std Dev	11.250	9.215
Median	18.40	17.30
Minimum	0.9	0.9
Maximum	45.4	35.2
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.90 (0.43, 1.88)
Log rank p-value		0.5324
Rate (%) of Being Alive for at Least***		
6 Months (95% CI)	90.2 (79.4, 95.5)	96.6 (86.9, 99.1)
12 Months (95% CI)	81.4 (68.9, 89.3)	93.0 (82.5, 97.3)
18 Months (95% CI)	79.5 (66.7, 87.8)	80.8 (66.0, 89.7)
24 Months (95% CI)	77.0 (63.5, 86.1)	70.2 (52.3, 82.5)
30 Months (95% CI)	66.2 (48.9, 78.7)	62.4 (39.8, 78.5)
36 Months (95% CI)	57.9 (35.7, 74.8)	-
42 Months (95% CI)	57.9 (35.7, 74.8)	-

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source:adte.sas7bdat Program source:t5-3-5-3-7-1-7.sas Data cut-off date:31-Dec-2016

Summary of Overall Survival (OS) During Randomized Treatment Period
by Region Intent-to-treat Set

Region = US

	Vorinostat N=103	KW-0761 N=98
Subjects Died (n, %)	29 (28.2)	23 (23.5)
Subjects Censored (n, %)	74 (71.8)	75 (76.5)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	20.7	27.7
Median (95% CI)*	43.93 (43.57, -)	-
Q3	-	-
Mean	21.52	19.57
Std Dev	12.245	12.879
Median	19.50	15.90
Minimum	1.0	0.0
Maximum	47.1	47.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.91 (0.53, 1.58)
Log rank p-value		0.8601
Rate (%) of Being Alive for at Least***		
6 Months (95% CI)	95.0 (88.4, 97.9)	94.6 (87.4, 97.7)
12 Months (95% CI)	86.6 (78.1, 92.0)	87.5 (78.5, 92.9)
18 Months (95% CI)	80.2 (70.3, 87.1)	77.9 (66.5, 85.8)
24 Months (95% CI)	74.2 (63.2, 82.4)	77.9 (66.5, 85.8)
30 Months (95% CI)	64.0 (50.9, 74.4)	69.9 (55.9, 80.2)
36 Months (95% CI)	64.0 (50.9, 74.4)	67.0 (52.3, 78.1)
42 Months (95% CI)	64.0 (50.9, 74.4)	54.6 (34.3, 71.0)

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.

* 95% CIs are obtained from SAS proc lifetest using loglog transformation.

** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

*** Kaplan-Meier estimate.

Data source:adte.sas7bdat Program source:t_os_region.sas Data cut-off date:31-Dec-2016

Summary of Overall Survival (OS) During Randomized Treatment Period
by Region Intent-to-treat Set

Region = Europe

	Vorinostat N=70	KW-0761 N=70
Subjects Died (n, %)	14 (20.0)	15 (21.4)
Subjects Censored (n, %)	56 (80.0)	55 (78.6)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	27.0	22.7
Median (95% CI)*	-	-
Q3	-	-
Mean	18.80	16.81
Std Dev	10.382	9.452
Median	16.98	16.42
Minimum	0.2	0.0
Maximum	37.4	35.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.24 (0.59, 2.61)
Log rank p-value		0.5323
Rate (%) of Being Alive for at Least***		
6 Months (95% CI)	91.3 (81.7, 96.0)	93.7 (84.0, 97.6)
12 Months (95% CI)	86.7 (76.1, 92.9)	92.1 (82.0, 96.6)
18 Months (95% CI)	85.0 (73.9, 91.7)	83.2 (69.7, 91.0)
24 Months (95% CI)	82.1 (69.3, 89.9)	67.1 (49.5, 79.8)
30 Months (95% CI)	74.2 (57.4, 85.2)	58.8 (36.1, 75.8)
36 Months (95% CI)	59.4 (27.3, 81.1)	-

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source:adte.sas7bdat Program source:t_os_region.sas Data cut-off date:31-Dec-2016

Summary of Overall Survival (OS) During Randomized Treatment Period
by Region Intent-to-treat Set

Region = Japan

	Vorinostat N=6	KW-0761 N=9
Subjects Died (n, %)	2 (33.3)	1 (11.1)
Subjects Censored (n, %)	4 (66.7)	8 (88.9)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	7.3	-
Median (95% CI)*	-	-
Q3	-	-
Mean	16.37	19.32
Std Dev	8.352	9.526
Median	18.58	21.23
Minimum	5.7	2.0
Maximum	26.3	31.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.44 (0.04, 4.82)
Log rank p-value		0.4862
Rate (%) of Being Alive for at Least***		
6 Months (95% CI)	83.3 (27.3, 97.5)	88.9 (43.3, 98.4)
12 Months (95% CI)	66.7 (19.5, 90.4)	88.9 (43.3, 98.4)
18 Months (95% CI)	66.7 (19.5, 90.4)	88.9 (43.3, 98.4)
24 Months (95% CI)	66.7 (19.5, 90.4)	88.9 (43.3, 98.4)
30 Months (95% CI)	-	88.9 (43.3, 98.4)

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source:adte.sas7bdat Program source:t_os_region.sas Data cut-off date:31-Dec-2016

Summary of Overall Survival (OS) During Randomized Treatment Period
by Region Intent-to-treat Set

Region = Australia

	Vorinostat N=7	KW-0761 N=9
Subjects Died (n, %)	2 (28.6)	1 (11.1)
Subjects Censored (n, %)	5 (71.4)	8 (88.9)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	5.5	-
Median (95% CI)*	-	-
Q3	-	-
Mean	11.40	17.02
Std Dev	8.851	2.882
Median	13.10	16.40
Minimum	1.0	11.4
Maximum	22.6	20.6
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.23 (0.02, 2.81)
Log rank p-value		0.2768
Rate (%) of Being Alive for at Least***		
6 Months (95% CI)	66.7 (19.5, 90.4)	100.0 (100.0,100.0)
12 Months (95% CI)	66.7 (19.5, 90.4)	100.0 (100.0,100.0)
18 Months (95% CI)	66.7 (19.5, 90.4)	83.3 (27.3, 97.5)

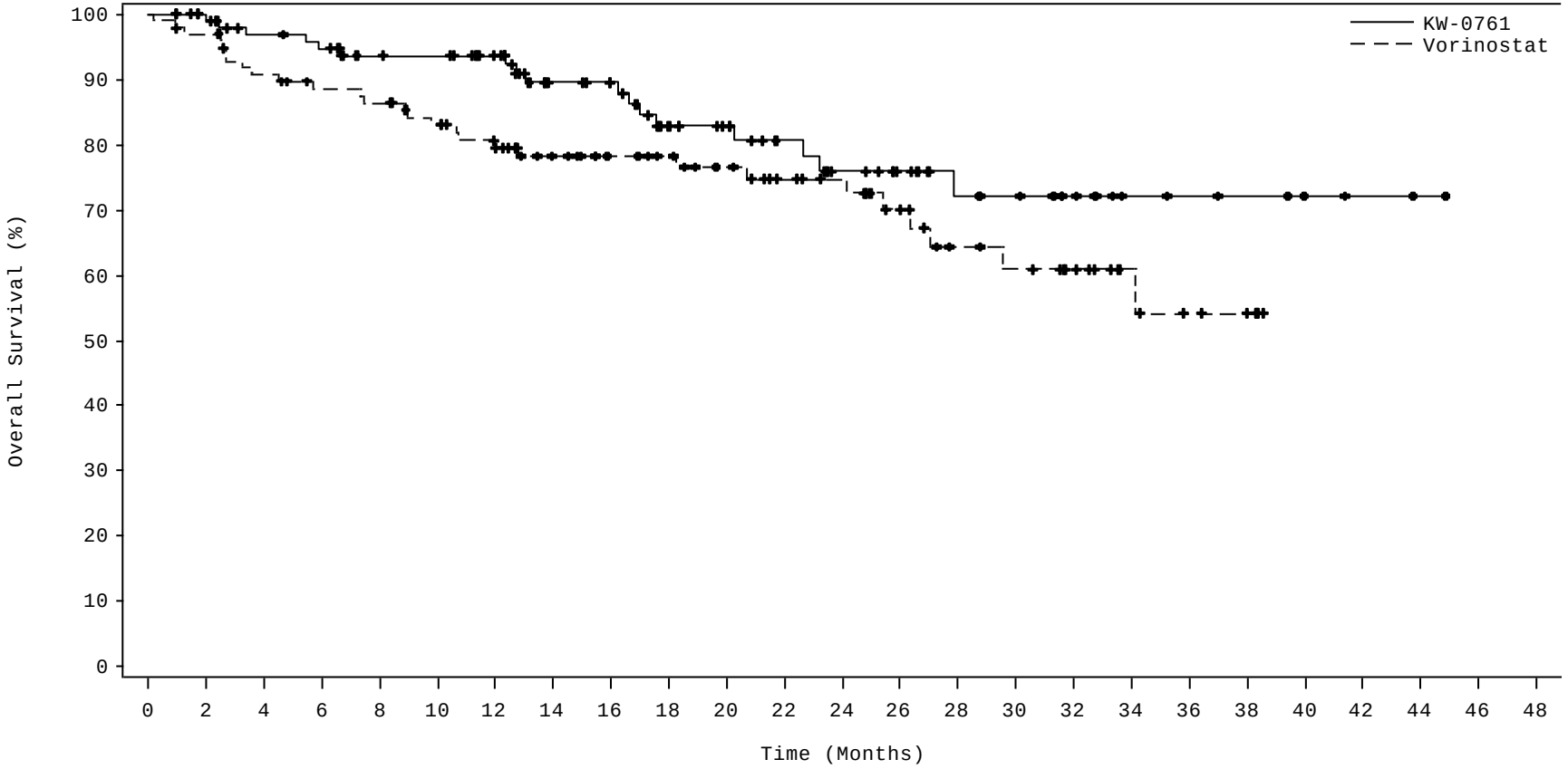
Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source:adte.sas7bdat Program source:t_os_region.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 30MAY2018
Treatment: Protocol 0761-010

Figure 5.3.5.3.7.1.5
Kaplan-Meier Curves of Overall Survival(OS) During Randomized Treatment Period
Based on Investigator's Assessment
by Disease Type

Disease Type = Mycosis Fungoides (MF)



No. at Risk:

KW:	105	94	89	81	74	59	45	36	29	21	17	9	6	5	2	0	0
VOR:	99	89	82	75	67	54	48	40	34	23	18	11	6	0	0	0	0

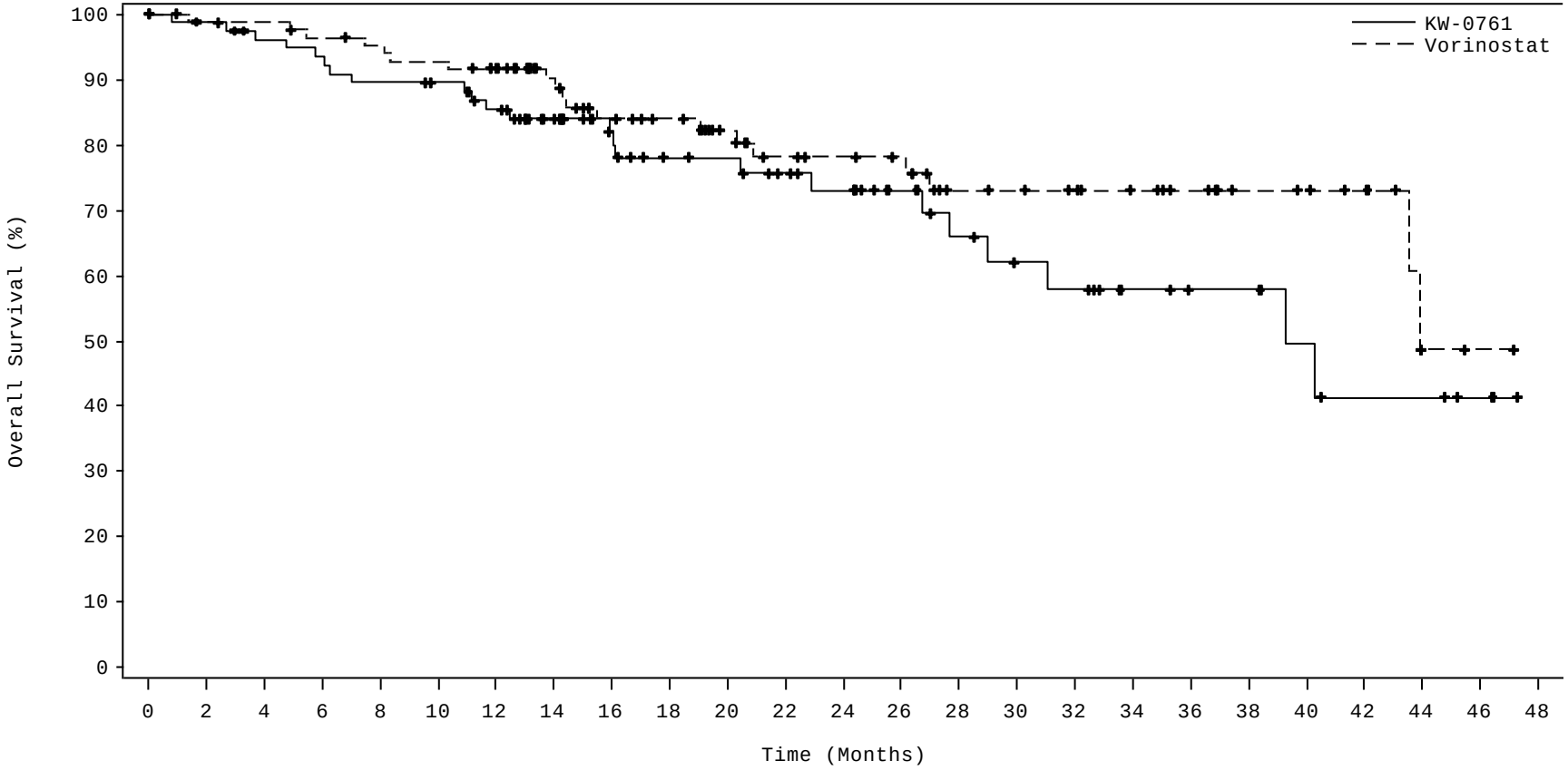
Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Data source:adte.sas7bdat Program source:f5-3-5-3-7-1-5.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 30MAY2018
Treatment: Protocol 0761-010

Figure 5.3.5.3.7.1.5
Kaplan-Meier Curves of Overall Survival(OS) During Randomized Treatment Period
Based on Investigator's Assessment
by Disease Type

Disease Type = Sezary Syndrome (SS)



No. at Risk:

KW:	81	75	71	68	61	45	35	32	27	20	15	11	8	7	4	3	0
VOR:	87	84	81	77	73	56	48	37	34	27	23	19	15	11	8	2	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Data source:adte.sas7bdat Program source:f5-3-5-3-7-1-5.sas Data cut-off date:31-Dec-2016

Table 6.1.1
Summary of Overall Survival (OS) By Gender
Intent-to-Treat Set

Subgroup: Male

Statistics	Vorinostat (N = 107)	KW-0761 (N = 109)
Number of subjects with events	44/107 (41.1)	38/109 (34.9)
Number of subjects censored	63/107 (58.9)	71/109 (65.1)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	26.2	20.5
Median (95% CI)*	50.20(42.80, -)	57.17(40.27, -)
Q3	-	-
KW-0761 vs. Vorinostat		
Hazard Ratio (95% CI)		0.89(0.57, 1.38)
Log rank p-value		0.5708
Interaction test p-value		0.2765

Based on data locked on 02-MAR-2019.
95% CIs of median are obtained from SAS proc lifetest using loglog transformation.
Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates.
Log rank p-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors based on subgroup.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t-os-itt-sex.sas 12MAR2020 8:17

Table 6.1.1
Summary of Overall Survival (OS) By Gender
Intent-to-Treat Set

Subgroup: Female

Statistics	Vorinostat (N = 79)	KW-0761 (N = 77)
Number of subjects with events	23/79 (29.1)	26/77 (33.8)
Number of subjects censored	56/79 (70.9)	51/77 (66.2)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	28.3	27.7
Median (95% CI)*	-	-
Q3	-	-
KW-0761 vs. Vorinostat		
Hazard Ratio (95% CI)		1.41(0.80, 2.49)
Log rank p-value		0.1731

Based on data locked on 02-MAR-2019.
95% CIs of median are obtained from SAS proc lifetest using loglog transformation.
Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates.
Log rank p-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors based on subgroup.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.

Table 6.1.2
Summary of Overall Survival (OS) By Age Group
Intent-to-Treat Set

Subgroup: <65 Years

Statistics	Vorinostat (N = 89)	KW-0761 (N = 99)
Number of subjects with events	27/89 (30.3)	29/99 (29.3)
Number of subjects censored	62/89 (69.7)	70/99 (70.7)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	28.5	29.0
Median (95% CI)*	-	-
Q3	-	-
KW-0761 vs. Vorinostat		
Hazard Ratio (95% CI)		1.01(0.60, 1.71)
Log rank p-value		0.7586
Interaction test p-value		0.7134

Based on data locked on 02-MAR-2019.
95% CIs of median are obtained from SAS proc lifetest using loglog transformation.
Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates.
Log rank p-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors based on subgroup.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 6.1.2
Summary of Overall Survival (OS) By Age Group
Intent-to-Treat Set

Subgroup: >=65 Years

Statistics	Vorinostat (N = 97)	KW-0761 (N = 87)
Number of subjects with events	40/97 (41.2)	35/87 (40.2)
Number of subjects censored	57/97 (58.8)	52/87 (59.8)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	26.4	21.8
Median (95% CI)*	58.37(41.67, -)	49.20(29.77, -)
Q3	-	-
KW-0761 vs. Vorinostat		
Hazard Ratio (95% CI)		1.14(0.72, 1.82)
Log rank p-value		0.7365

Based on data locked on 02-MAR-2019.
95% CIs of median are obtained from SAS proc lifetest using loglog transformation.
Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates.
Log rank p-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors based on subgroup.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 6.1.3
Summary of Overall Survival (OS) By Disease Type
Intent-to-Treat Set

Subgroup: Mycosis Fungoides (MF)

Statistics	Vorinostat (N = 99)	KW-0761 (N = 105)
Number of subjects with events	36/99 (36.4)	29/105 (27.6)
Number of subjects censored	63/99 (63.6)	76/105 (72.4)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	24.2	29.8
Median (95% CI)*	58.37(45.90, -)	-
Q3	-	-
KW-0761 vs. Vorinostat		
Hazard Ratio (95% CI)		0.78(0.48, 1.28)
Log rank p-value		0.2925
Interaction test p-value		0.0644

Based on data locked on 02-MAR-2019.
95% CIs of median are obtained from SAS proc lifetest using loglog transformation.
Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates.
Log rank p-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors based on subgroup.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 6.1.3
Summary of Overall Survival (OS) By Disease Type
Intent-to-Treat Set

Subgroup: Sezary Syndrome (SS)

Statistics	Vorinostat (N = 87)	KW-0761 (N = 81)
Number of subjects with events	31/87 (35.6)	35/81 (43.2)
Number of subjects censored	56/87 (64.4)	46/81 (56.8)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	35.8	20.5
Median (95% CI)*	-	43.27(29.00, -)
Q3	-	-
KW-0761 vs. Vorinostat		
Hazard Ratio (95% CI)		1.48(0.91, 2.41)
Log rank p-value		0.1226

Based on data locked on 02-MAR-2019.
95% CIs of median are obtained from SAS proc lifetest using loglog transformation.
Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates.
Log rank p-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors based on subgroup.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 6.1.4
Summary of Overall Survival (OS) By Clinical Stage
Intent-to-Treat Set

Subgroup: IB/II

Statistics	Vorinostat (N = 72)	KW-0761 (N = 68)
Number of subjects with events	28/72 (38.9)	21/68 (30.9)
Number of subjects censored	44/72 (61.1)	47/68 (69.1)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	20.7	26.0
Median (95% CI)*	58.37(34.13, -)	-
Q3	-	-
KW-0761 vs. Vorinostat		
Hazard Ratio (95% CI)		0.75(0.42, 1.34)
Log rank p-value		0.3561
Interaction test p-value		0.1394

Based on data locked on 02-MAR-2019.
95% CIs of median are obtained from SAS proc lifetest using loglog transformation.
Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates.
Log rank p-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors based on subgroup.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 6.1.4
Summary of Overall Survival (OS) By Clinical Stage
Intent-to-Treat Set

Subgroup: III/IV

Statistics	Vorinostat (N = 114)	KW-0761 (N = 118)
Number of subjects with events	39/114 (34.2)	43/118 (36.4)
Number of subjects censored	75/114 (65.8)	75/118 (63.6)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	35.8	24.1
Median (95% CI)*	-	57.17(40.07, -)
Q3	-	-
KW-0761 vs. Vorinostat		
Hazard Ratio (95% CI)		1.32(0.85, 2.05)
Log rank p-value		0.2462

Based on data locked on 02-MAR-2019.
95% CIs of median are obtained from SAS proc lifetest using loglog transformation.
Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates.
Log rank p-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors based on subgroup.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 6.1.5
Summary of Overall Survival (OS) By Blood Involvement
Intent-to-Treat Set

Subgroup: Yes

Statistics	Vorinostat (N = 122)	KW-0761 (N = 123)
Number of subjects with events	42/122 (34.4)	43/123 (35.0)
Number of subjects censored	80/122 (65.6)	80/123 (65.0)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	29.5	25.5
Median (95% CI)*	-	57.17(43.27, -)
Q3	-	-
KW-0761 vs. Vorinostat		
Hazard Ratio (95% CI)		1.17(0.76, 1.81)
Log rank p-value		0.5627
Interaction test p-value		0.5575

Based on data locked on 02-MAR-2019.
95% CIs of median are obtained from SAS proc lifetest using loglog transformation.
Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates.
Log rank p-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors based on subgroup.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 6.1.5
Summary of Overall Survival (OS) By Blood Involvement
Intent-to-Treat Set

Subgroup: No

Statistics	Vorinostat (N = 64)	KW-0761 (N = 63)
Number of subjects with events	25/64 (39.1)	21/63 (33.3)
Number of subjects censored	39/64 (60.9)	42/63 (66.7)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	24.2	23.2
Median (95% CI)*	58.37(34.13, -)	-
Q3	-	-
KW-0761 vs. Vorinostat		
Hazard Ratio (95% CI)		0.99(0.55, 1.80)
Log rank p-value		0.6321

Based on data locked on 02-MAR-2019.
95% CIs of median are obtained from SAS proc lifetest using loglog transformation.
Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates.
Log rank p-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors based on subgroup.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 6.1.7
Summary of Overall Survival (OS) By Region
Intent-to-Treat Set

Subgroup: US

Statistics	Vorinostat (N = 103)	KW-0761 (N = 98)
Number of subjects with events	38/103 (36.9)	36/98 (36.7)
Number of subjects censored	65/103 (63.1)	62/98 (63.3)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	24.4	25.5
Median (95% CI)*	58.37(43.93, -)	51.70(38.17, -)
Q3	-	-
KW-0761 vs. Vorinostat		
Hazard Ratio (95% CI)		1.19(0.76, 1.88)
Log rank p-value		0.4376
Interaction test p-value		0.6610

Based on data locked on 02-MAR-2019.
95% CIs of median are obtained from SAS proc lifetest using loglog transformation.
Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates.
Log rank p-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors based on subgroup.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 6.1.7
Summary of Overall Survival (OS) By Region
Intent-to-Treat Set

Subgroup: Japan

Statistics	Vorinostat (N = 6)	KW-0761 (N = 9)
Number of subjects with events	2/6 (33.3)	2/9 (22.2)
Number of subjects censored	4/6 (66.7)	7/9 (77.8)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	7.3	-
Median (95% CI)*	-	-
Q3	-	-
KW-0761 vs. Vorinostat		
Hazard Ratio (95% CI)		0.31(0.03, 3.70)
Log rank p-value		0.4862

Based on data locked on 02-MAR-2019.
95% CIs of median are obtained from SAS proc lifetest using loglog transformation.
Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates.
Log rank p-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors based on subgroup.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 6.1.7
Summary of Overall Survival (OS) By Region
Intent-to-Treat Set

Subgroup: Europe

Statistics	Vorinostat (N = 70)	KW-0761 (N = 70)
Number of subjects with events	23/70 (32.9)	21/70 (30.0)
Number of subjects censored	47/70 (67.1)	49/70 (70.0)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	29.8	22.7
Median (95% CI)*	-	-
Q3	-	-
KW-0761 vs. Vorinostat		
Hazard Ratio (95% CI)		1.03(0.56, 1.88)
Log rank p-value		0.8934

Based on data locked on 02-MAR-2019.
95% CIs of median are obtained from SAS proc lifetest using loglog transformation.
Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates.
Log rank p-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors based on subgroup.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 6.1.7
Summary of Overall Survival (OS) By Region
Intent-to-Treat Set

Subgroup: Australia

Statistics	Vorinostat (N = 7)	KW-0761 (N = 9)
Number of subjects with events	4/7 (57.1)	5/9 (55.6)
Number of subjects censored	3/7 (42.9)	4/9 (44.4)
Overall Survival (months)		
Kaplan-Meier Estimate of OS		
Q1	5.5	26.8
Median (95% CI)*	32.13(1.23, -)	43.27(16.23, -)
Q3	-	-
KW-0761 vs. Vorinostat		
Hazard Ratio (95% CI)		0.53(0.13, 2.16)
Log rank p-value		0.4311

Based on data locked on 02-MAR-2019.
95% CIs of median are obtained from SAS proc lifetest using loglog transformation.
Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates.
Log rank p-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors based on subgroup.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Progression-Free Survival (PFS) Cox Model to Test for Interaction Between Treatment and Specified Variable

Variable	p-value	
	Investigator's Assessment	Independent Review
Treatment Plan X Gender(F vs M)	0.4851	0.7337
Treatment Plan X Age Group(>= 65 years vs < 65 years)	0.3480	0.9179
Treatment Plan X Disease Type(SS vs MF)	0.0106	0.0391
Treatment Plan X Disease Stage(III/IV vs IB/II)	0.0038	0.0553
Treatment Plan X Blood Involvement(Yes vs No)	0.0001	0.0140
Treatment Plan X Region 1(Europe vs US)	0.3341	0.5539
Treatment Plan X Region 2(Europe vs Rest of World)	0.1597	0.1532

Note: The covariates in the Cox proportional hazards model include the specified variable, treatment, disease type, disease stage, region and interaction between treatment and the specified variable. The p-value is obtained from Wald-test. For Treatment Plan * Region 1, the analysis set exludes subjects in Rest of World. For Treatment Plan * Region 2, the analysis set excludes subjects in US.

Table 5.3.5.3.2.1.2.1
Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Investigator's Assessment
by Sex

Gender = M

	Vorinostat N=107	KW-0761 N=109
Number of Subjects with PFS Event (n, %)	82 (76.6)	63 (57.8)
Earliest Contributing Event:		
Progressive Disease	79 (73.8)	60 (55.0)
Death	3 (2.8)	3 (2.8)
Number of Subjects Censored (n, %)	25 (23.4)	46 (42.2)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.9	3.4
Median (95% CI)*	3.13 (2.87, 4.63)	8.63 (5.63,11.40)
Q3	6.2	17.1
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.46 (0.33, 0.65)
Log rank p-value		<.0001

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t5-3-5-3-2-1-2-1.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.2.1.2.1
Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Investigator's Assessment
by Sex

Gender = F

	Vorinostat N=79	KW-0761 N=77
Number of Subjects with PFS Event (n, %)	49 (62.0)	47 (61.0)
Earliest Contributing Event:		
Progressive Disease	49 (62.0)	44 (57.1)
Death	0	3 (3.9)
Number of Subjects Censored (n, %)	30 (38.0)	30 (39.0)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.6	2.4
Median (95% CI)*	3.33 (2.17, 4.63)	7.03 (3.77,15.03)
Q3	7.5	20.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.62 (0.41, 0.95)
Log rank p-value		0.0401

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t5-3-5-3-2-1-2-1.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.2.1.2.2
Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Independent Review
by Sex

Gender = M

	Vorinostat N=107	KW-0761 N=109
Number of Subjects with PFS Event (n, %)	78 (72.9)	66 (60.6)
Earliest Contributing Event:		
Progressive Disease	74 (69.2)	65 (59.6)
Death	4 (3.7)	1 (0.9)
Number of Subjects Censored (n, %)	29 (27.1)	43 (39.4)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.9	3.3
Median (95% CI)*	3.57 (2.97, 4.70)	6.60 (4.97, 9.33)
Q3	8.2	17.1
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.60 (0.43, 0.84)
Log rank p-value		0.0015

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t5-3-5-3-2-1-2-2.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.2.1.2.2
Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Independent Review
by Sex

Gender = F

	Vorinostat N=79	KW-0761 N=77
Number of Subjects with PFS Event (n, %)	44 (55.7)	44 (57.1)
Earliest Contributing Event:		
Progressive Disease	44 (55.7)	43 (55.8)
Death	0	1 (1.3)
Number of Subjects Censored (n, %)	35 (44.3)	33 (42.9)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.9	2.4
Median (95% CI)*	4.07 (2.83, 5.80)	7.53 (3.77,14.57)
Q3	7.5	20.8
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.72 (0.47, 1.10)
Log rank p-value		0.1512

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t5-3-5-3-2-1-2-2.sas Data cut-off date:31-Dec-2016

Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Investigator's Assessment Intent-to-treat Set
by Age

Age Group = <65 years

	Vorinostat N=89	KW-0761 N=99
Number of Subjects with Confirmed CR + PR (n, %)	63 (70.8)	62 (62.6)
Earliest Contributing Event:		
1.1	61 (68.5)	61 (61.6)
1.2	2 (2.2)	1 (1.0)
Number of Subjects Censored (n, %)	26 (29.2)	37 (37.4)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.9	3.0
Median (95% CI)*	3.07 (2.53, 4.70)	6.70 (4.70,10.37)
Q3	6.8	19.0
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.57 (0.40, 0.82)
Log rank p-value		0.0007

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t_pfs_agegr.sas Data cut-off date:31-Dec-2016

Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Investigator's Assessment Intent-to-treat Set
by Age

Age Group = >=65 years

	Vorinostat N=97	KW-0761 N=87
Number of Subjects with Confirmed CR + PR (n, %)	68 (70.1)	48 (55.2)
Earliest Contributing Event:		
1.1	67 (69.1)	43 (49.4)
1.2	1 (1.0)	5 (5.7)
Number of Subjects Censored (n, %)	29 (29.9)	39 (44.8)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.9	2.8
Median (95% CI)*	3.13 (2.87, 4.37)	9.63 (5.63,17.07)
Q3	6.1	21.6
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.46 (0.31, 0.69)
Log rank p-value		0.0003

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t_pfs_agegr.sas Data cut-off date:31-Dec-2016

Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Independent Review
by Age

Age Group = <65 years

	Vorinostat N=89	KW-0761 N=99
Number of Subjects with Confirmed CR + PR (n, %)	61 (68.5)	62 (62.6)
Earliest Contributing Event:		
1.1	59 (66.3)	62 (62.6)
1.2	2 (2.2)	0
Number of Subjects Censored (n, %)	28 (31.5)	37 (37.4)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.9	3.1
Median (95% CI)*	3.10 (2.87, 5.10)	6.70 (5.13, 9.33)
Q3	8.2	20.1
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.64 (0.45, 0.91)
Log rank p-value		0.0130

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t_pfs_agegr.sas Data cut-off date:31-Dec-2016

Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Independent Review
by Age

Age Group = >=65 years

	Vorinostat N=97	KW-0761 N=87
Number of Subjects with Confirmed CR + PR (n, %)	61 (62.9)	48 (55.2)
Earliest Contributing Event:		
1.1	59 (60.8)	46 (52.9)
1.2	2 (2.1)	2 (2.3)
Number of Subjects Censored (n, %)	36 (37.1)	39 (44.8)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.9	2.8
Median (95% CI)*	4.07 (3.13, 5.07)	7.47 (4.80,12.77)
Q3	7.5	21.6
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)	0.64 (0.43, 0.95)	
Log rank p-value	0.0452	

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t_pfs_agegr.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.2.1.6.1
Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Investigator's Assessment
by Disease Type

Disease Type = MF

	Vorinostat N=99	KW-0761 N=105
Number of Subjects with PFS Event (n, %)	69 (69.7)	66 (62.9)
Earliest Contributing Event:		
Progressive Disease	67 (67.7)	64 (61.0)
Death	2 (2.0)	2 (1.9)
Number of Subjects Censored (n, %)	30 (30.3)	39 (37.1)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.9	2.8
Median (95% CI)*	3.10 (2.87, 4.70)	5.40 (3.97, 7.57)
Q3	7.5	15.0
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.73 (0.52, 1.03)
Log rank p-value		0.0566

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t5-3-5-3-2-1-6-1.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.2.1.6.1
Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Investigator's Assessment
by Disease Type

Disease Type = SS

	Vorinostat N=87	KW-0761 N=81
Number of Subjects with PFS Event (n, %)	62 (71.3)	44 (54.3)
Earliest Contributing Event:		
Progressive Disease	61 (70.1)	40 (49.4)
Death	1 (1.1)	4 (4.9)
Number of Subjects Censored (n, %)	25 (28.7)	37 (45.7)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.9	3.8
Median (95% CI)*	3.13 (2.83, 3.87)	13.30 (7.70,17.07)
Q3	6.2	22.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.32 (0.21, 0.49)
Log rank p-value		<.0001

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t5-3-5-3-2-1-6-1.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.2.1.6.2
Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Independent Review
by Disease Type

Disease Type = MF

	Vorinostat N=99	KW-0761 N=105
Number of Subjects with PFS Event (n, %)	69 (69.7)	68 (64.8)
Earliest Contributing Event:		
Progressive Disease	66 (66.7)	68 (64.8)
Death	3 (3.0)	0
Number of Subjects Censored (n, %)	30 (30.3)	37 (35.2)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.9	2.8
Median (95% CI)*	3.13 (2.90, 4.73)	5.90 (4.03, 7.47)
Q3	8.2	12.1
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.80 (0.57, 1.13)
Log rank p-value		0.1499

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t5-3-5-3-2-1-6-2.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.2.1.6.2
Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Independent Review
by Disease Type

Disease Type = SS

	Vorinostat N=87	KW-0761 N=81
Number of Subjects with PFS Event (n, %)	53 (60.9)	42 (51.9)
Earliest Contributing Event:		
Progressive Disease	52 (59.8)	40 (49.4)
Death	1 (1.1)	2 (2.5)
Number of Subjects Censored (n, %)	34 (39.1)	39 (48.1)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	2.1	3.4
Median (95% CI)*	3.87 (2.93, 5.13)	10.73 (5.80,20.77)
Q3	7.5	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.45 (0.29, 0.69)
Log rank p-value		0.0002

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t5-3-5-3-2-1-6-2.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.2.1.7.1
Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Investigator's Assessment
by Disease Stage

Disease Stage = IB/II

	Vorinostat N=72	KW-0761 N=68
Number of Subjects with PFS Event (n, %)	46 (63.9)	41 (60.3)
Earliest Contributing Event:		
Progressive Disease	45 (62.5)	41 (60.3)
Death	1 (1.4)	0
Number of Subjects Censored (n, %)	26 (36.1)	27 (39.7)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.8	2.2
Median (95% CI)*	3.90 (2.87, 4.73)	4.70 (2.90, 7.47)
Q3	13.8	9.4
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.89 (0.57, 1.37)
Log rank p-value		0.6790

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t5-3-5-3-2-1-7-1.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.2.1.7.1
Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Investigator's Assessment
by Disease Stage

Disease Stage = III/IV

	Vorinostat N=114	KW-0761 N=118
Number of Subjects with PFS Event (n, %)	85 (74.6)	69 (58.5)
Earliest Contributing Event:		
Progressive Disease	83 (72.8)	63 (53.4)
Death	2 (1.8)	6 (5.1)
Number of Subjects Censored (n, %)	29 (25.4)	49 (41.5)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.9	3.4
Median (95% CI)*	3.00 (2.83, 3.87)	10.90 (7.03,15.03)
Q3	6.2	20.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.36 (0.26, 0.51)
Log rank p-value		<.0001

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t5-3-5-3-2-1-7-1.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.2.1.7.2
Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Independent Review
by Disease Stage

Disease Stage = IB/II

	Vorinostat N=72	KW-0761 N=68
Number of Subjects with PFS Event (n, %)	48 (66.7)	45 (66.2)
Earliest Contributing Event:		
Progressive Disease	46 (63.9)	45 (66.2)
Death	2 (2.8)	0
Number of Subjects Censored (n, %)	24 (33.3)	23 (33.8)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.8	2.2
Median (95% CI)*	3.10 (2.87, 4.73)	5.40 (3.30, 6.83)
Q3	13.8	9.4
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.86 (0.57, 1.31)
Log rank p-value		0.4920

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t5-3-5-3-2-1-7-2.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.2.1.7.2
Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Independent Review
by Disease Stage

Disease Stage = III/IV

	Vorinostat N=114	KW-0761 N=118
Number of Subjects with PFS Event (n, %)	74 (64.9)	65 (55.1)
Earliest Contributing Event:		
Progressive Disease	72 (63.2)	63 (53.4)
Death	2 (1.8)	2 (1.7)
Number of Subjects Censored (n, %)	40 (35.1)	53 (44.9)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.9	3.1
Median (95% CI)*	3.93 (3.00, 5.13)	9.60 (5.80,14.70)
Q3	7.5	22.0
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.51 (0.36, 0.72)
Log rank p-value		<.0001

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t5-3-5-3-2-1-7-2.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.2.1.8.1
Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Investigator's Assessment
by Blood Involvement

Blood Involvement = Y

	Vorinostat N=122	KW-0761 N=123
Number of Subjects with PFS Event (n, %)	92 (75.4)	70 (56.9)
Earliest Contributing Event:		
Progressive Disease	90 (73.8)	64 (52.0)
Death	2 (1.6)	6 (4.9)
Number of Subjects Censored (n, %)	30 (24.6)	53 (43.1)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.9	3.6
Median (95% CI)*	2.93 (2.83, 3.83)	10.37 (7.70,15.03)
Q3	5.7	21.6
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.35 (0.25, 0.49)
Log rank p-value		<.0001

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t5-3-5-3-2-1-8-1.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.2.1.8.1
Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Investigator's Assessment
by Blood Involvement

Blood Involvement = N

	Vorinostat N=62	KW-0761 N=63
Number of Subjects with PFS Event (n, %)	38 (61.3)	40 (63.5)
Earliest Contributing Event:		
Progressive Disease	37 (59.7)	40 (63.5)
Death	1 (1.6)	0
Number of Subjects Censored (n, %)	24 (38.7)	23 (36.5)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.9	2.2
Median (95% CI)*	4.63 (2.90, 6.80)	4.70 (2.90, 5.97)
Q3	13.8	9.0
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.06 (0.68, 1.65)
Log rank p-value		0.8582

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t5-3-5-3-2-1-8-1.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.2.1.8.2
Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Independent Review
by Blood Involvement

Blood Involvement = Y

	Vorinostat N=122	KW-0761 N=123
Number of Subjects with PFS Event (n, %)	78 (63.9)	68 (55.3)
Earliest Contributing Event:		
Progressive Disease	75 (61.5)	67 (54.5)
Death	3 (2.5)	1 (0.8)
Number of Subjects Censored (n, %)	44 (36.1)	55 (44.7)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.9	3.1
Median (95% CI)*	3.57 (2.93, 4.70)	9.60 (6.60,14.70)
Q3	7.5	22.0
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.53 (0.38, 0.74)
Log rank p-value		0.0006

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t5-3-5-3-2-1-8-2.sas Data cut-off date:31-Dec-2016

Table 5.3.5.3.2.1.8.2
Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Independent Review
by Blood Involvement

Blood Involvement = N

	Vorinostat N=62	KW-0761 N=63
Number of Subjects with PFS Event (n, %)	43 (69.4)	42 (66.7)
Earliest Contributing Event:		
Progressive Disease	42 (67.7)	41 (65.1)
Death	1 (1.6)	1 (1.6)
Number of Subjects Censored (n, %)	19 (30.6)	21 (33.3)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.9	2.4
Median (95% CI)*	4.60 (2.97, 6.13)	4.70 (3.17, 6.23)
Q3	8.2	7.5
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.01 (0.66, 1.55)
Log rank p-value		0.6949

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t5-3-5-3-2-1-8-2.sas Data cut-off date:31-Dec-2016

Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = US

	Vorinostat N=103	KW-0761 N=98
Number of Subjects with PFS Event (n, %)	69 (67.0)	59 (60.2)
Earliest Contributing Event:		
Progressive Disease	68 (66.0)	54 (55.1)
Death	1 (1.0)	5 (5.1)
Number of Subjects Censored (n, %)	34 (33.0)	39 (39.8)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.9	3.0
Median (95% CI)*	3.13 (2.87, 4.13)	7.03 (5.40,13.30)
Q3	6.1	21.6
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.49 (0.34, 0.70)
Log rank p-value		<.0001

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t_pfs_region.sas Data cut-off date:31-Dec-2016

Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = Europe

	Vorinostat N=70	KW-0761 N=70
Number of Subjects with PFS Event (n, %)	53 (75.7)	44 (62.9)
Earliest Contributing Event:		
Progressive Disease	51 (72.9)	43 (61.4)
Death	2 (2.9)	1 (1.4)
Number of Subjects Censored (n, %)	17 (24.3)	26 (37.1)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.9	2.1
Median (95% CI)*	3.30 (2.83, 4.73)	7.47 (3.97,10.30)
Q3	7.5	15.0
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.65 (0.43, 0.99)
Log rank p-value		0.0374

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t_pfs_region.sas Data cut-off date:31-Dec-2016

Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = Japan

	Vorinostat N=6	KW-0761 N=9
Number of Subjects with PFS Event (n, %)	4 (66.7)	3 (33.3)
Earliest Contributing Event:		
Progressive Disease	4 (66.7)	3 (33.3)
Death	0	0
Number of Subjects Censored (n, %)	2 (33.3)	6 (66.7)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	3.0	9.4
Median (95% CI)*	4.95 (1.47, -)	11.17 (4.67, -)
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.28 (0.05, 1.58)
Log rank p-value		0.1583

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t_pfs_region.sas Data cut-off date:31-Dec-2016

Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = Australia

	Vorinostat N=7	KW-0761 N=9
Number of Subjects with PFS Event (n, %)	5 (71.4)	4 (44.4)
Earliest Contributing Event:		
Progressive Disease	5 (71.4)	4 (44.4)
Death	0	0
Number of Subjects Censored (n, %)	2 (28.6)	5 (55.6)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.0	3.4
Median (95% CI)*	2.20 (0.37,10.37)	9.63 (2.83, -)
Q3	10.4	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)	0.07 (0.01, 0.71)	
Log rank p-value	0.0289	

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t_pfs_region.sas Data cut-off date:31-Dec-2016

Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Independent Review
by Region

Region = US

	Vorinostat N=103	KW-0761 N=98
Number of Subjects with PFS Event (n, %)	66 (64.1)	61 (62.2)
Earliest Contributing Event:		
Progressive Disease	65 (63.1)	60 (61.2)
Death	1 (1.0)	1 (1.0)
Number of Subjects Censored (n, %)	37 (35.9)	37 (37.8)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.9	3.0
Median (95% CI)*	3.17 (2.97, 4.60)	6.67 (5.13, 9.60)
Q3	6.8	20.1
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.63 (0.44, 0.90)
Log rank p-value		0.0093

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t_pfs_region.sas Data cut-off date:31-Dec-2016

Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Independent Review
by Region

Region = Europe

	Vorinostat N=70	KW-0761 N=70
Number of Subjects with PFS Event (n, %)	47 (67.1)	41 (58.6)
Earliest Contributing Event:		
Progressive Disease	44 (62.9)	40 (57.1)
Death	3 (4.3)	1 (1.4)
Number of Subjects Censored (n, %)	23 (32.9)	29 (41.4)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.9	2.8
Median (95% CI)*	4.63 (2.87, 6.13)	6.60 (3.77,10.33)
Q3	10.4	20.8
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.71 (0.46, 1.10)
Log rank p-value		0.1267

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t_pfs_region.sas Data cut-off date:31-Dec-2016

Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Independent Review
by Region

Region = Japan

	Vorinostat N=6	KW-0761 N=9
Number of Subjects with PFS Event (n, %)	4 (66.7)	3 (33.3)
Earliest Contributing Event:		
Progressive Disease	4 (66.7)	3 (33.3)
Death	0	0
Number of Subjects Censored (n, %)	2 (33.3)	6 (66.7)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.5	4.7
Median (95% CI)*	3.03 (1.23, -)	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.35 (0.08, 1.63)
Log rank p-value		0.1650

Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t_pfs_region.sas Data cut-off date:31-Dec-2016

Summary of Progression-Free Survival (PFS) During Randomized Treatment Period
Based on Independent Review
by Region

Region = Australia

	Vorinostat N=7	KW-0761 N=9
Number of Subjects with PFS Event (n, %)	5 (71.4)	5 (55.6)
Earliest Contributing Event:		
Progressive Disease	5 (71.4)	5 (55.6)
Death	0	0
Number of Subjects Censored (n, %)	2 (28.6)	4 (44.4)
Progression-Free Survival (months)		
Kaplan-Meier Estimate of PFS		
Q1	1.0	3.8
Median (95% CI)*	2.20 (0.43, -)	7.50 (1.00, -)
Q3	6.6	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.25 (0.06, 1.16)
Log rank p-value		0.1286

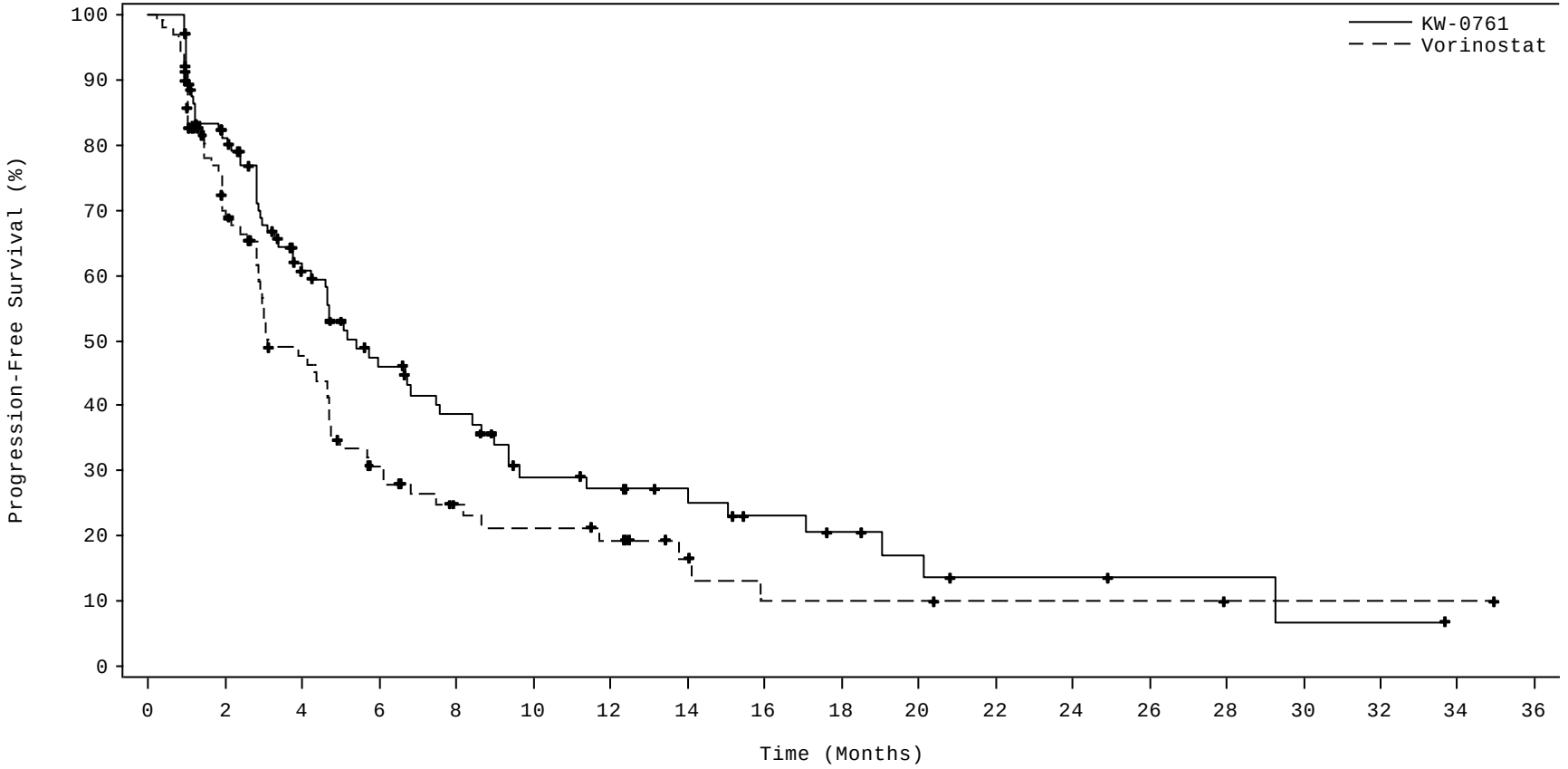
Note: Percentage is calculated using the number of subjects in the column heading as the denominator; - = not estimable or not applicable.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.

Data source:adte.sas7bdat Program source:t_pfs_region.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 30JAN2018
Treatment: Protocol 0761-010

Figure 5.3.5.3.2.1.6.1
Kaplan-Meier Curves of Progression-Free Survival(PFS) During Randomized Treatment Period
Based on Investigator's Assessment
by Disease Type

Disease Type = Mycosis Fungoides (MF)



No. at Risk:

KW:	105	76	48	33	26	17	15	13	9	7	5	3	3	2	2	1	1	0	0
VOR:	99	60	37	22	14	12	10	6	3	3	3	2	2	2	1	1	1	1	0

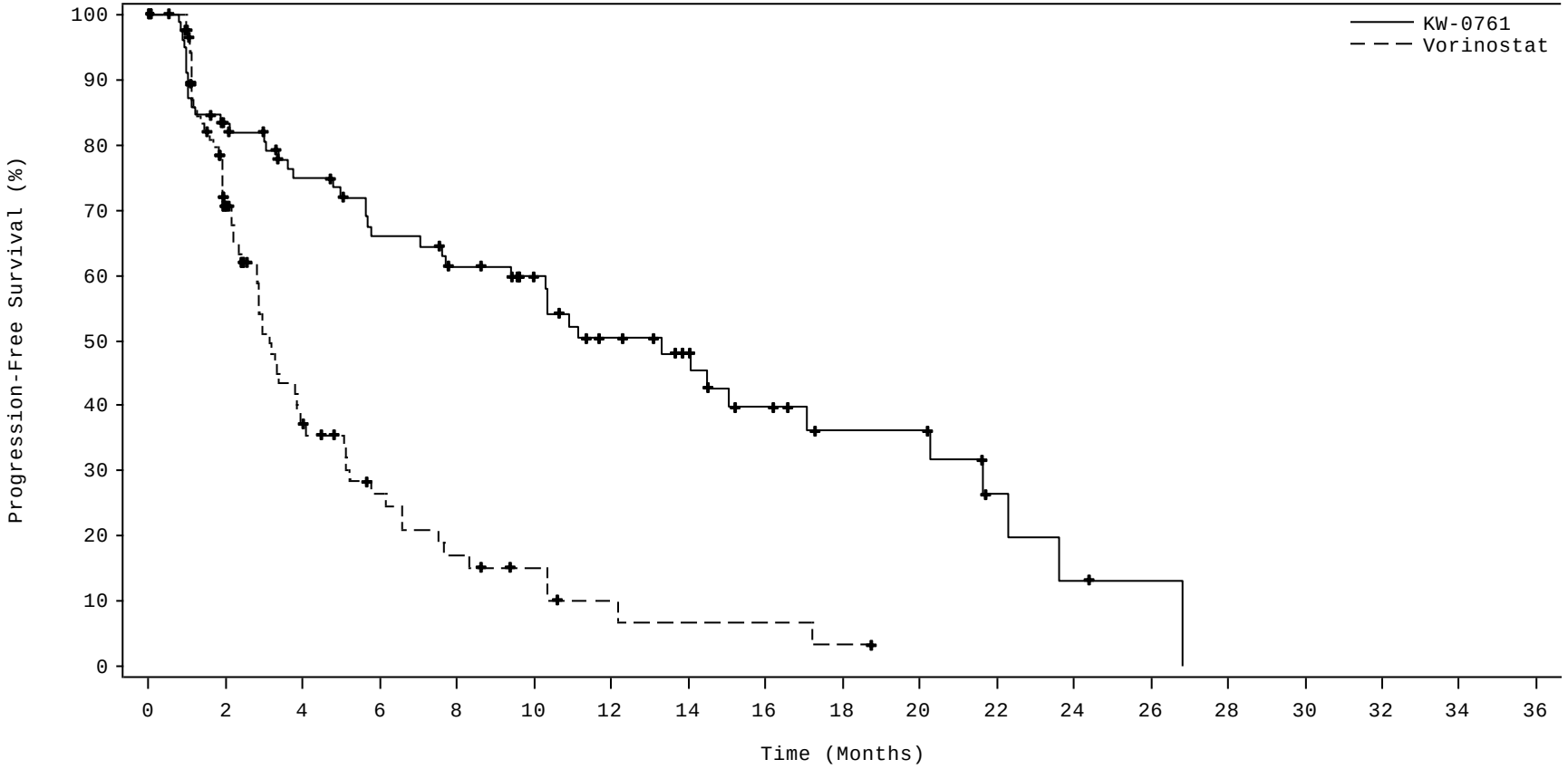
Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Data source:adte.sas7bdat Program source:f5-3-5-3-2-1-6-1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 30JAN2018
Treatment: Protocol 0761-010

Figure 5.3.5.3.2.1.6.1
Kaplan-Meier Curves of Progression-Free Survival(PFS) During Randomized Treatment Period
Based on Investigator's Assessment
by Disease Type

Disease Type = Sezary Syndrome (SS)



No. at Risk:

KW:	81	62	52	44	39	33	24	19	13	9	9	4	2	1	0	0	0	0	0
VOR:	87	51	24	14	9	6	3	2	2	1	0	0	0	0	0	0	0	0	0

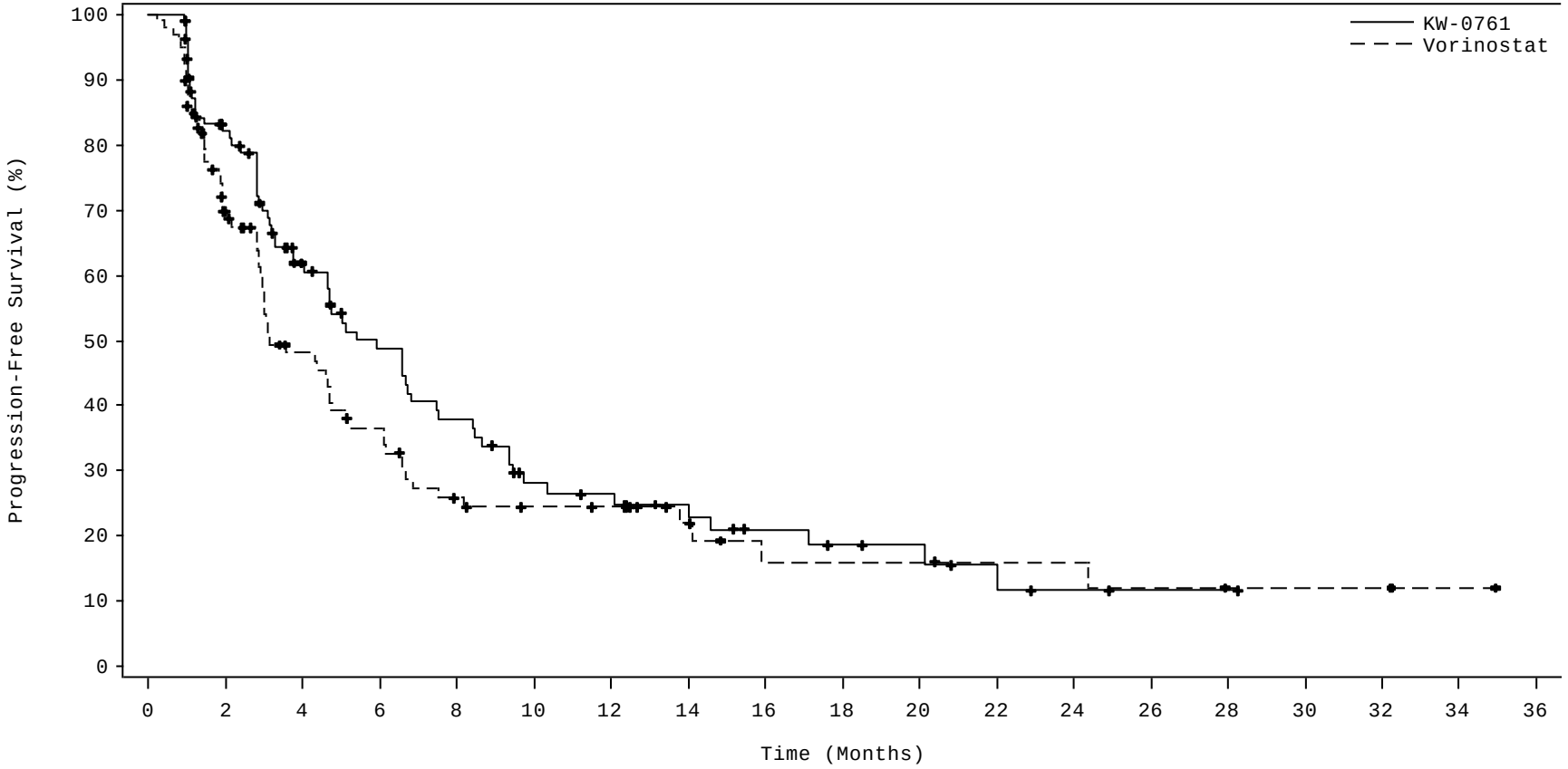
Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Data source:adte.sas7bdat Program source:f5-3-5-3-2-1-6-1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 30JAN2018
Treatment: Protocol 0761-010

Figure 5.3.5.3.2.1.6.2
Kaplan-Meier Curves of Progression-Free Survival(PFS) During Randomized Treatment Period
Based on Independent Review
by Disease Type

Disease Type = Mycosis Fungoides (MF)



No. at Risk:

KW:	105	76	49	36	28	18	16	13	9	7	6	4	2	1	1	0	0	0	0
VOR:	99	62	38	28	18	15	14	9	5	5	5	4	4	3	2	2	2	1	0

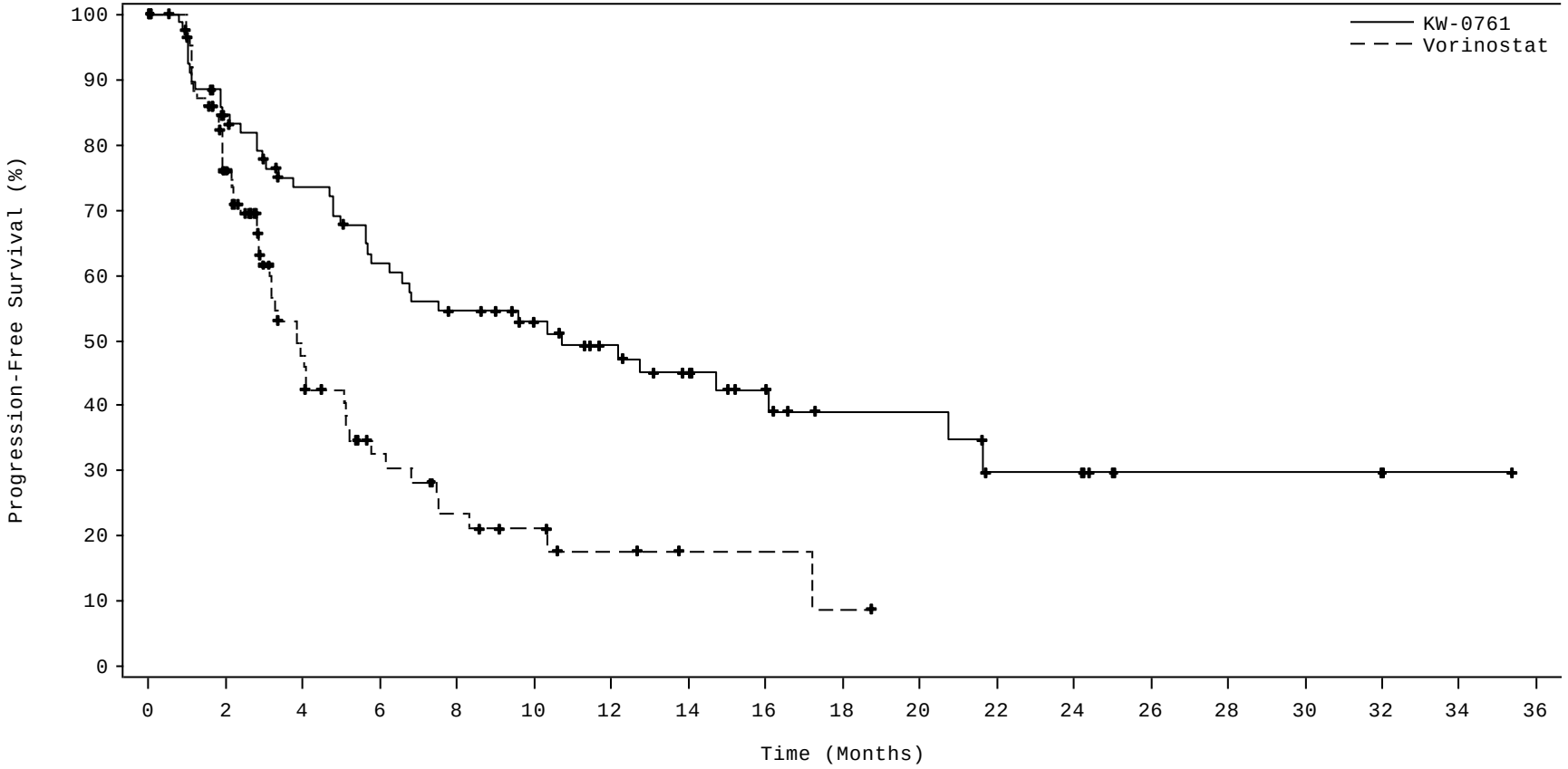
Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Data source:adte.sas7bdat Program source:f5-3-5-3-2-1-6-2.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 30JAN2018
Treatment: Protocol 0761-010

Figure 5.3.5.3.2.1.6.2
Kaplan-Meier Curves of Progression-Free Survival(PFS) During Randomized Treatment Period
Based on Independent Review
by Disease Type

Disease Type = Sezary Syndrome (SS)



No. at Risk:

KW:	81	63	51	42	36	31	24	19	14	9	9	5	5	2	2	2	2	1	0
VOR:	87	59	27	15	10	7	4	2	2	1	0	0	0	0	0	0	0	0	0

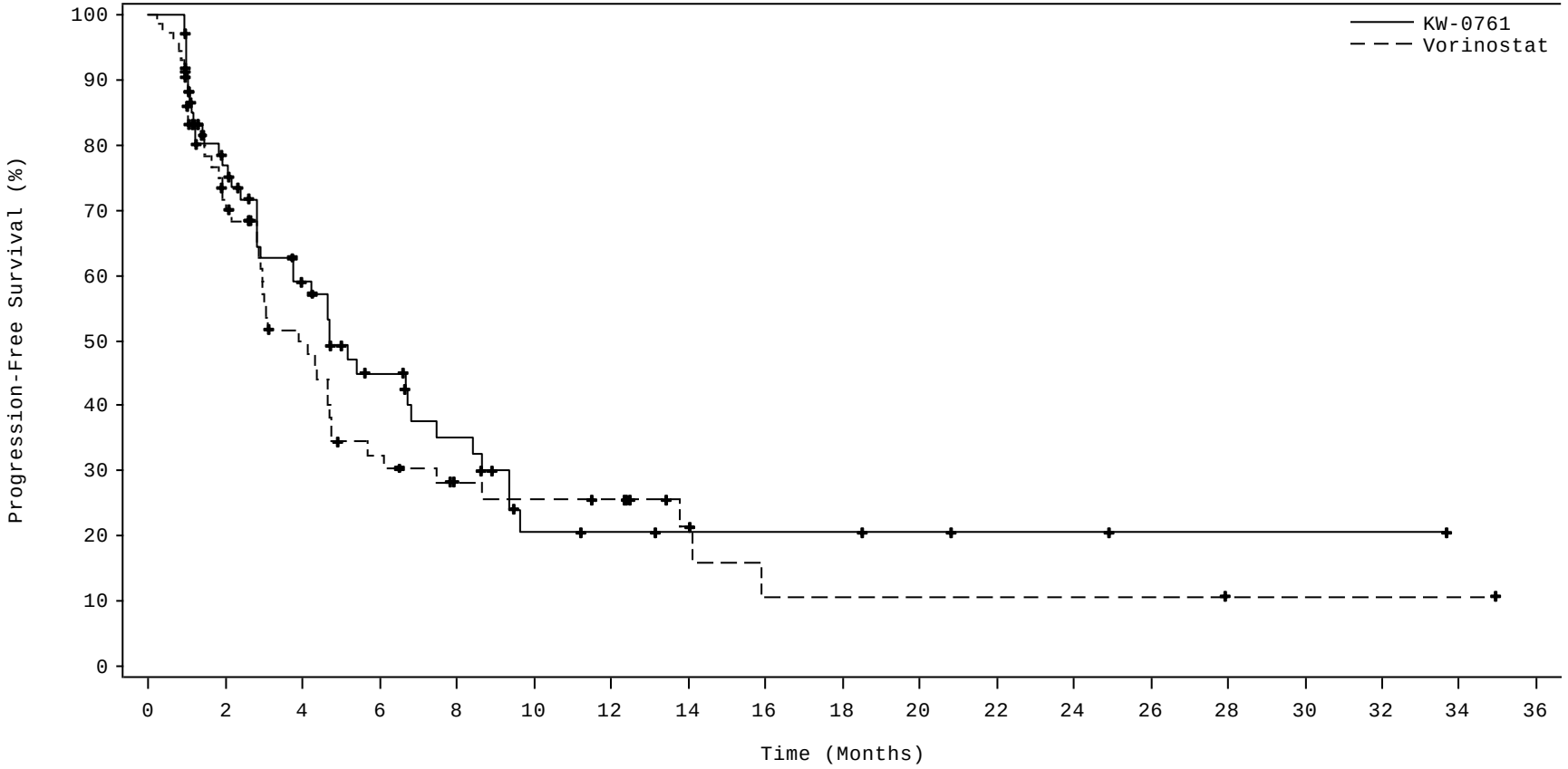
Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Data source:adte.sas7bdat Program source:f5-3-5-3-2-1-6-2.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 30JAN2018
Treatment: Protocol 0761-010

Figure 5.3.5.3.2.1.7.1
Kaplan-Meier Curves of Progression-Free Survival(PFS) During Randomized Treatment Period
Based on Investigator's Assessment
by Disease Stage

Disease Stage = IB/II



No. at Risk:

KW:	68	46	31	20	14	6	5	4	4	4	3	2	2	1	1	1	1	0	0
VOR:	72	43	26	16	11	10	9	5	2	2	2	2	2	2	1	1	1	1	0

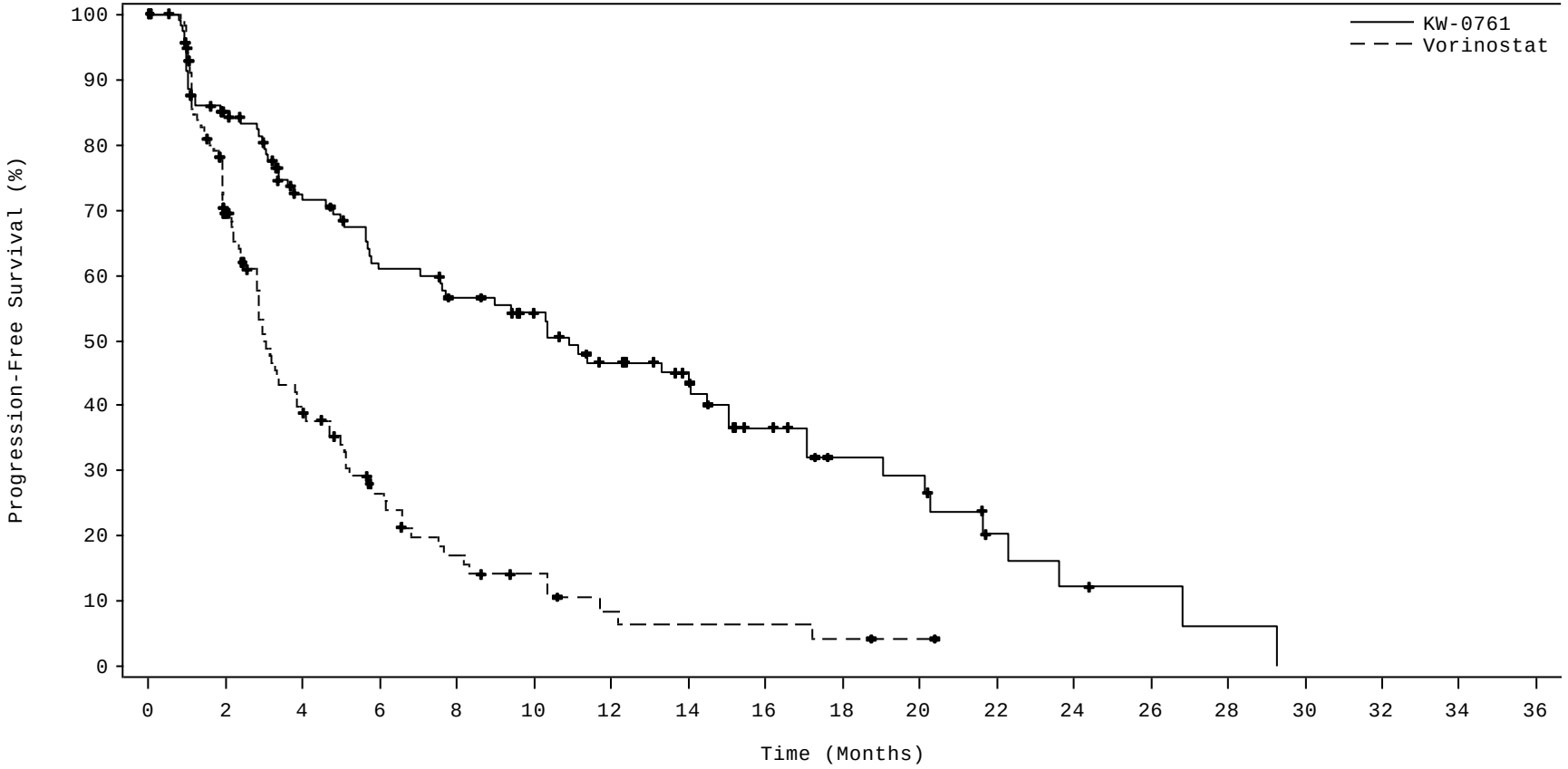
Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Data source:adte.sas7bdat Program source:f5-3-5-3-2-1-7-1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 30JAN2018
Treatment: Protocol 0761-010

Figure 5.3.5.3.2.1.7.1
Kaplan-Meier Curves of Progression-Free Survival(PFS) During Randomized Treatment Period
Based on Investigator's Assessment
by Disease Stage

Disease Stage = III/IV



No. at Risk:

KW:	118	92	69	57	51	44	34	28	18	12	11	5	3	2	1	0	0	0	0
VOR:	114	68	35	20	12	8	4	3	3	2	1	0	0	0	0	0	0	0	0

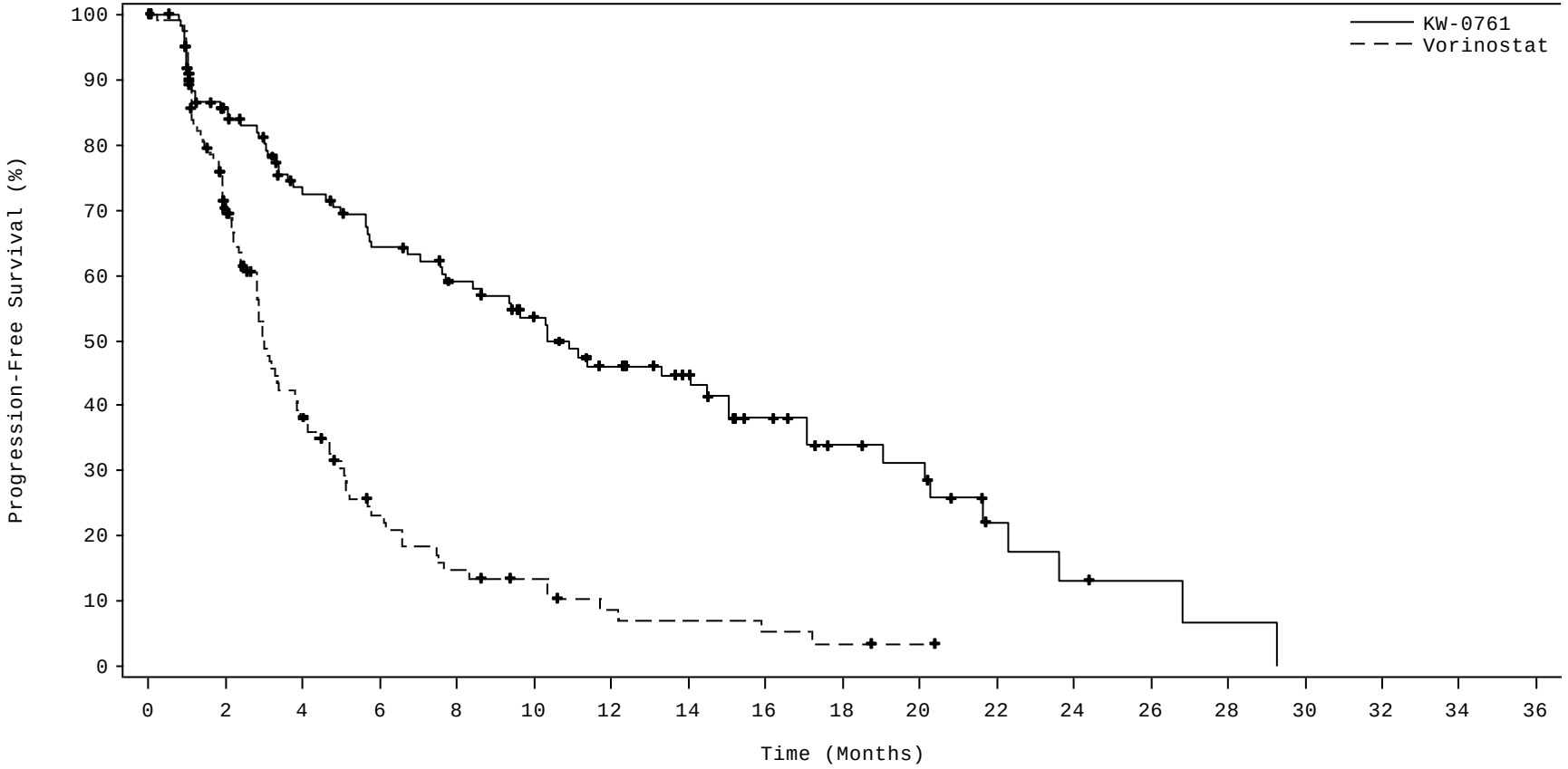
Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Data source:adte.sas7bdat Program source:f5-3-5-3-2-1-7-1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 21MAY2018
Treatment: Protocol 0761-010

Figure 5.3.5.3.2.1.8.1
Kaplan-Meier Curves of Progression-Free Survival(PFS) During Randomized Treatment Period
Based on Investigator's Assessment
by Blood Involvement

Blood Involvement = Y



No. at Risk:

KW:	123	94	73	63	55	45	35	29	20	14	12	5	3	2	1	0	0	0	0
VOR:	122	73	36	19	12	9	5	4	3	2	1	0	0	0	0	0	0	0	0

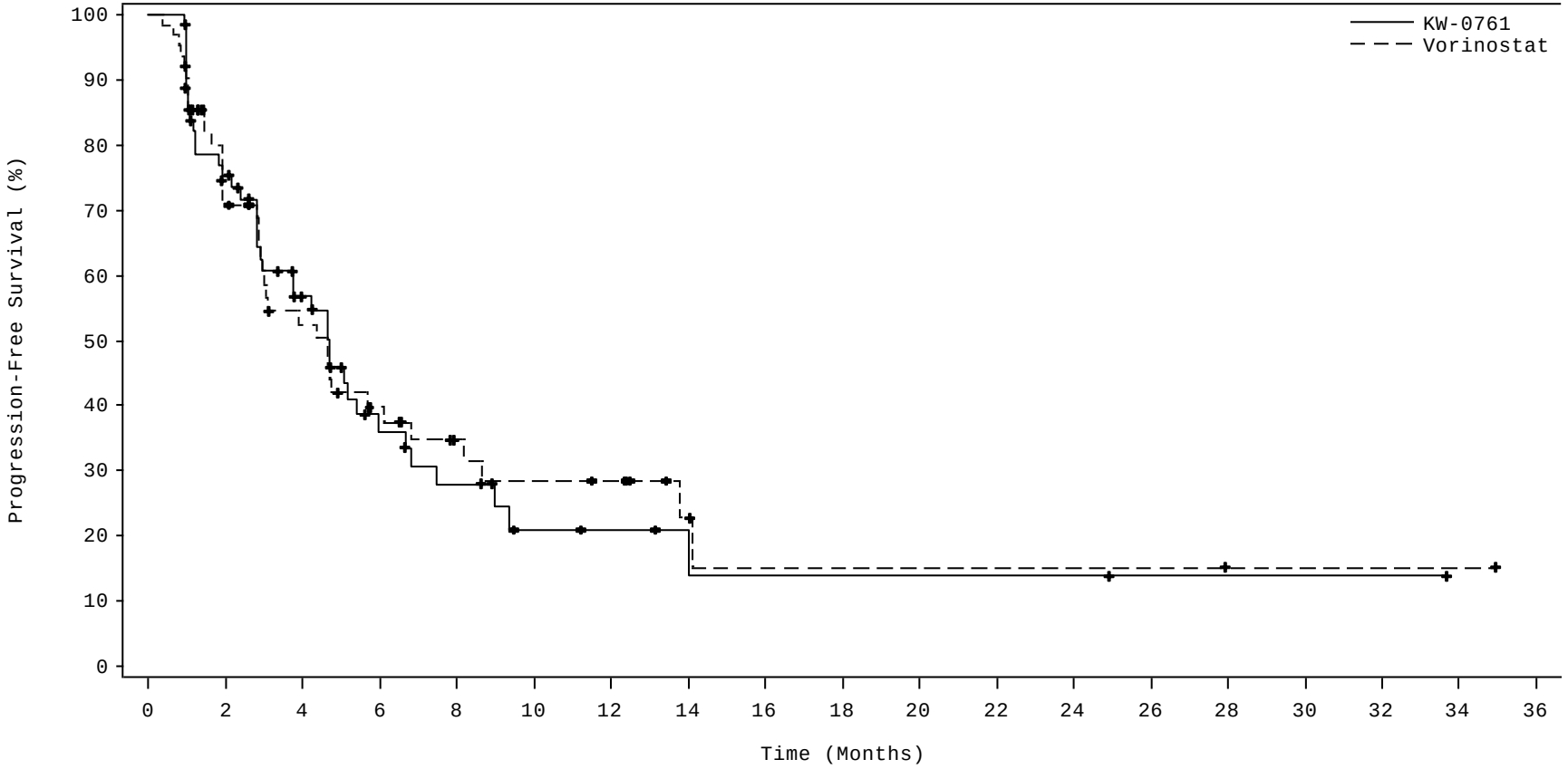
Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Data source:adte.sas7bdat Program source:f5-3-5-3-2-1-8-1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 21MAY2018
Treatment: Protocol 0761-010

Figure 5.3.5.3.2.1.8.1
Kaplan-Meier Curves of Progression-Free Survival(PFS) During Randomized Treatment Period
Based on Investigator's Assessment
by Blood Involvement

Blood Involvement = N



No. at Risk:

KW:	63	44	27	14	10	5	4	3	2	2	2	2	2	1	1	1	1	0	0
VOR:	62	38	25	17	11	9	8	4	2	2	2	2	2	2	1	1	1	1	0

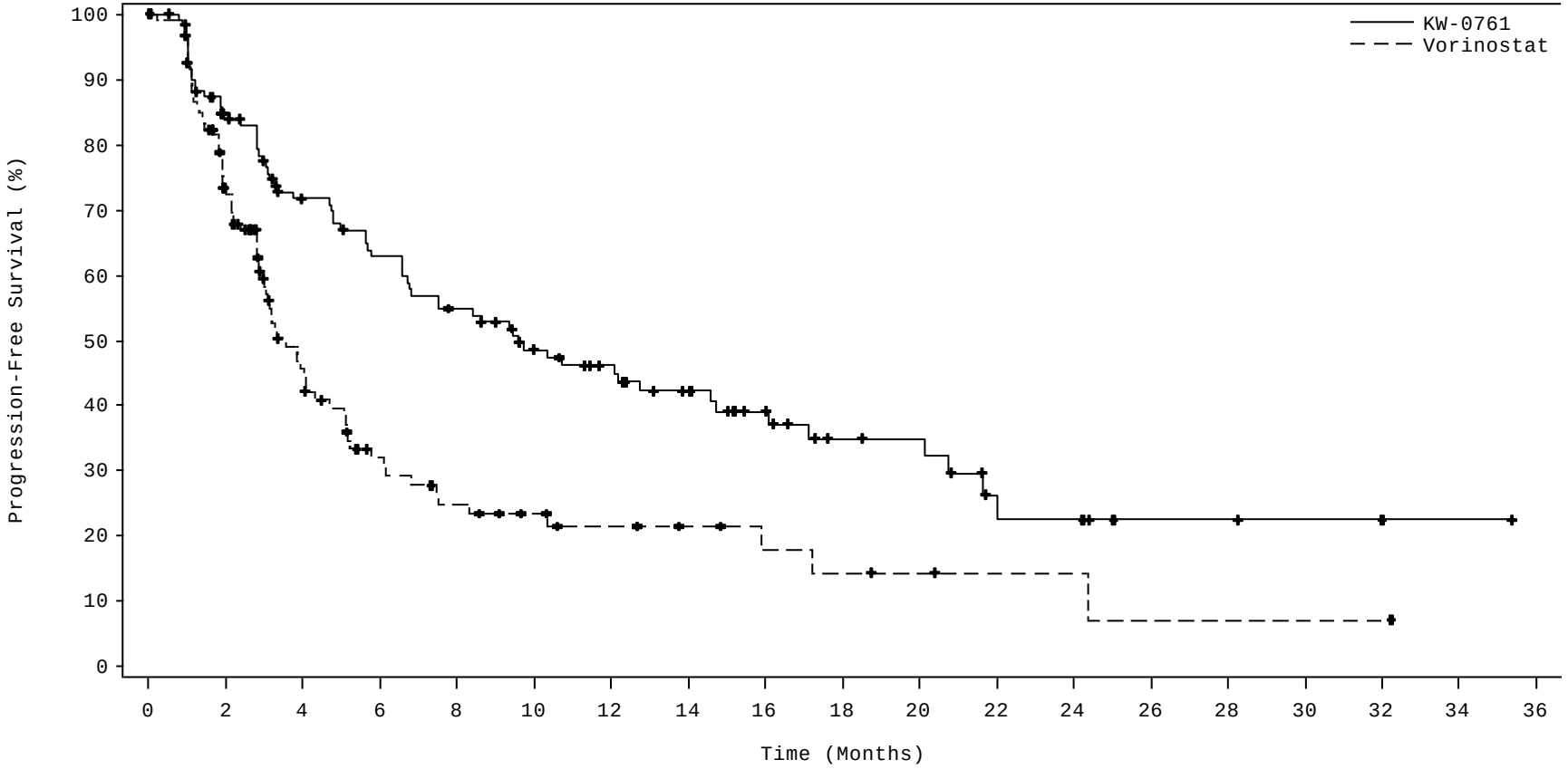
Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Data source:adte.sas7bdat Program source:f5-3-5-3-2-1-8-1.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 21MAY2018
Treatment: Protocol 0761-010

Figure 5.3.5.3.2.1.8.2
Kaplan-Meier Curves of Progression-Free Survival(PFS) During Randomized Treatment Period
Based on Independent Review
by Blood Involvement

Blood Involvement = Y



No. at Risk:

KW:	123	94	73	63	54	43	36	29	21	14	13	7	6	3	3	2	2	1	0
VOR:	122	79	39	23	17	13	10	7	5	4	3	2	2	1	1	1	1	0	0

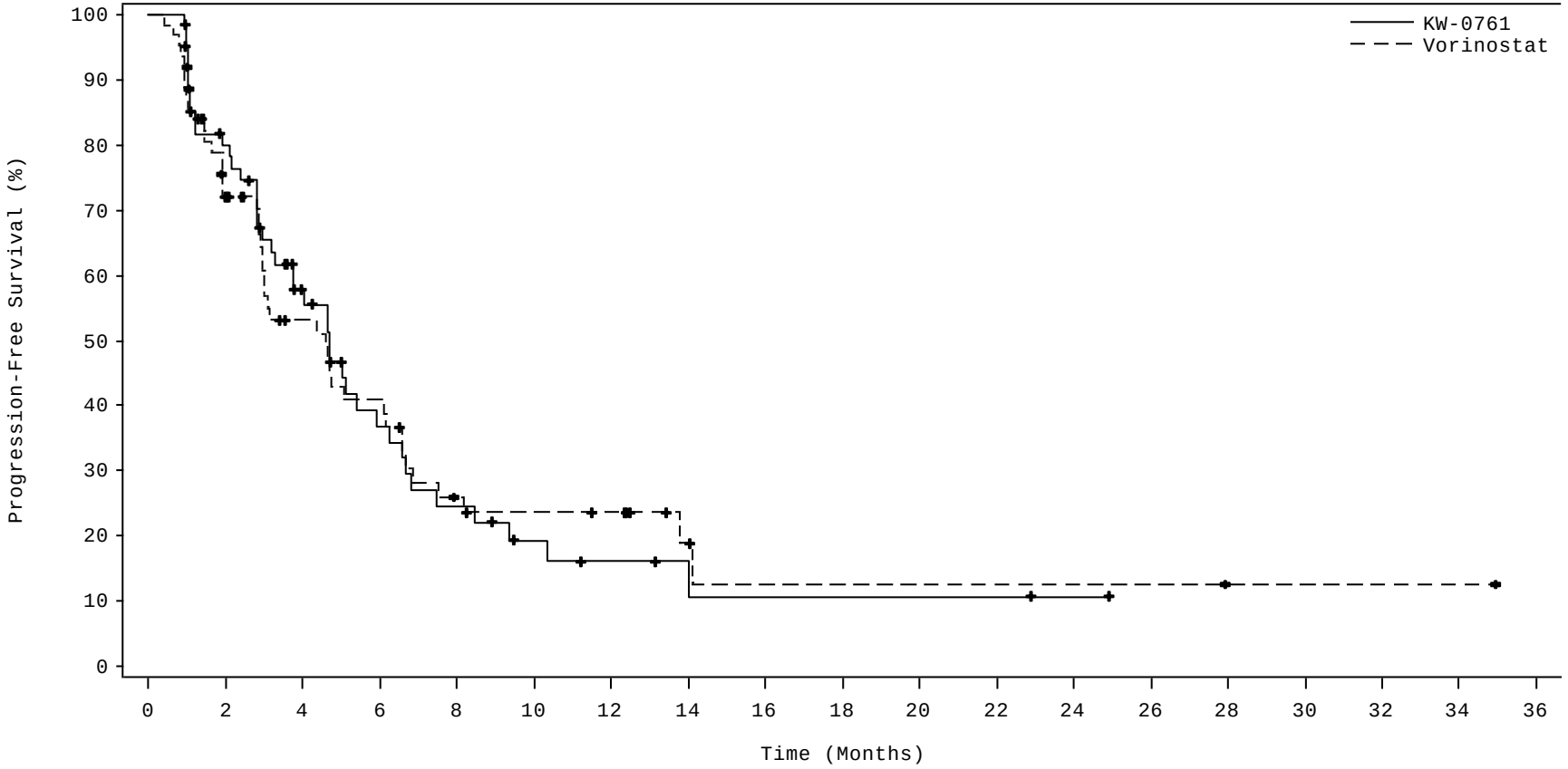
Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Data source:adte.sas7bdat Program source:f5-3-5-3-2-1-8-2.sas Data cut-off date:31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 21MAY2018
Treatment: Protocol 0761-010

Figure 5.3.5.3.2.1.8.2
Kaplan-Meier Curves of Progression-Free Survival(PFS) During Randomized Treatment Period
Based on Independent Review
by Blood Involvement

Blood Involvement = N



No. at Risk:

KW:	63	45	27	15	10	6	4	3	2	2	2	2	1	0	0	0	0	0	0
VOR:	62	42	26	20	11	9	8	4	2	2	2	2	2	2	1	1	1	1	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Data source:adte.sas7bdat Program source:f5-3-5-3-2-1-8-2.sas Data cut-off date:31-Dec-2016

Time to Confirmed Overall Response (TTR) Cox Model to Test for Interaction Between Treatment and Specified Variable

Variable	p-value	
	Investigator's Assessment	Independent Review
Treatment Plan X Gender(F vs M)	0.5995	0.9846
Treatment Plan X Age Group(>= 65 years vs < 65 years)	0.0449	0.0289
Treatment Plan X Disease Type(SS vs MF)	0.0863	0.0698
Treatment Plan X Disease Stage(III/IV vs IB/II)	0.0163	0.0421
Treatment Plan X Blood Involvement(Yes vs No)	0.2167	0.5303
Treatment Plan X Region 1(Europe vs US)	0.2839	0.8136
Treatment Plan X Region 2(Europe vs Rest of World)	0.9921	0.9934

Note: The covariates in the Cox proportional hazards model include the specified variable, treatment, disease type, disease stage, region and interaction between treatment and the specified variable. The p-value is obtained from Wald-test. For Treatment Plan * Region 1, the analysis set exludes subjects in Rest of World. For Treatment Plan * Region 2, the analysis set excludes subjects in US.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.

Data source:adttr.sas7bdat Program source:t_ttr_int.sas Data cut-off date:31-Dec-2016

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Gender

Gender = M

	Vorinostat N=107	KW-0761 N=109
Number of Subjects with Confirmed CR + PR (n, %)	4 (3.7)	30 (27.5)
Number of Subjects Censored (n, %)	103 (96.3)	79 (72.5)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	5.0
Median (95% CI)*	-	27.83 (9.07, -)
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		5.95 (2.08,17.00)
Log rank p-value		0.0002

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source: adsl.sas7bdat adttr.sas7bdat Program source: t_ttr_subgrp.sas Data cut-off date: 31-Dec-2016

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Gender

Gender = F

	Vorinostat N=79	KW-0761 N=77
Number of Subjects with Confirmed CR + PR (n, %)	5 (6.3)	22 (28.6)
Number of Subjects Censored (n, %)	74 (93.7)	55 (71.4)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	11.1	4.7
Median (95% CI)*	-	8.70 (6.23, -)
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		3.80 (1.41,10.24)
Log rank p-value		0.0087

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Gender

Gender = M

	Vorinostat N=107	KW-0761 N=109
Number of Subjects with Confirmed CR + PR (n, %)	3 (2.8)	22 (20.2)
Number of Subjects Censored (n, %)	104 (97.2)	87 (79.8)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	5.6
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		6.03 (1.79,20.27)
Log rank p-value		0.0009

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Gender

Gender = F

	Vorinostat N=79	KW-0761 N=77
Number of Subjects with Confirmed CR + PR (n, %)	4 (5.1)	21 (27.3)
Number of Subjects Censored (n, %)	75 (94.9)	56 (72.7)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	24.5	4.8
Median (95% CI)*	-	9.60 (6.33,22.30)
Q3	-	22.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		6.65 (1.94,22.78)
Log rank p-value		0.0028

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Age

Age Group = <65 years

	Vorinostat N=89	KW-0761 N=99
Number of Subjects with Confirmed CR + PR (n, %)	7 (7.9)	26 (26.3)
Number of Subjects Censored (n, %)	82 (92.1)	73 (73.7)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	10.3	5.1
Median (95% CI)*	-	27.83 (9.07, -)
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.26 (0.97, 5.28)
Log rank p-value		0.0628

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Age

Age Group = >=65 years

	Vorinostat N=97	KW-0761 N=87
Number of Subjects with Confirmed CR + PR (n, %)	2 (2.1)	26 (29.9)
Number of Subjects Censored (n, %)	95 (97.9)	61 (70.1)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	4.7
Median (95% CI)*	-	8.53 (6.23, -)
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		11.72 (2.77,49.56)
Log rank p-value		<.0001

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Age

Age Group = <65 years

	Vorinostat N=89	KW-0761 N=99
Number of Subjects with Confirmed CR + PR (n, %)	6 (6.7)	19 (19.2)
Number of Subjects Censored (n, %)	83 (93.3)	80 (80.8)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	24.5	9.6
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.91 (0.75, 4.87)
Log rank p-value		0.2079

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Age

Age Group = >=65 years

	Vorinostat N=97	KW-0761 N=87
Number of Subjects with Confirmed CR + PR (n, %)	1 (1.0)	24 (27.6)
Number of Subjects Censored (n, %)	96 (99.0)	63 (72.4)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	4.9
Median (95% CI)*	-	22.30 (5.60, -)
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		22.37 (3.02,165.9)
Log rank p-value		<.0001

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Disease Type

Disease Type = MF

	Vorinostat N=99	KW-0761 N=105
Number of Subjects with Confirmed CR + PR (n, %)	7 (7.1)	22 (21.0)
Number of Subjects Censored (n, %)	92 (92.9)	83 (79.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	11.1	6.6
Median (95% CI)*	-	27.83 (9.07, -)
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.56 (1.09, 6.01)
Log rank p-value		0.0563

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Disease Type

Disease Type = SS

	Vorinostat N=87	KW-0761 N=81
Number of Subjects with Confirmed CR + PR (n, %)	2 (2.3)	30 (37.0)
Number of Subjects Censored (n, %)	85 (97.7)	51 (63.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	4.7
Median (95% CI)*	-	8.53 (5.60, -)
Q3	-	16.2
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		10.98 (2.62,46.09)
Log rank p-value		<.0001

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Disease Type

Disease Type = MF

	Vorinostat N=99	KW-0761 N=105
Number of Subjects with Confirmed CR + PR (n, %)	5 (5.1)	13 (12.4)
Number of Subjects Censored (n, %)	94 (94.9)	92 (87.6)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	24.5	10.8
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.24 (0.80, 6.33)
Log rank p-value		0.1393

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Disease Type

Disease Type = SS

	Vorinostat N=87	KW-0761 N=81
Number of Subjects with Confirmed CR + PR (n, %)	2 (2.3)	30 (37.0)
Number of Subjects Censored (n, %)	85 (97.7)	51 (63.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	4.7
Median (95% CI)*	-	9.60 (4.97,22.30)
Q3	-	22.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		10.83 (2.58,45.47)
Log rank p-value		<.0001

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Disease Stage

Disease Stage = IB/II

	Vorinostat N=72	KW-0761 N=68
Number of Subjects with Confirmed Skin CR (n, %)	6 (8.3)	12 (17.6)
Number of Subjects Censored (n, %)	66 (91.7)	56 (82.4)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	8.5	8.7
Median (95% CI)*	-	27.83 (9.07,27.83)
Q3	-	27.8
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.43 (0.52, 3.92)
Log rank p-value		0.6192

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Disease Stage

Disease Stage = III/IV

	Vorinostat N=114	KW-0761 N=118
Number of Subjects with Confirmed Skin CR (n, %)	3 (2.6)	40 (33.9)
Number of Subjects Censored (n, %)	111 (97.4)	78 (66.1)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	4.7
Median (95% CI)*	-	8.53 (6.60, -)
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		10.28 (3.18,33.28)
Log rank p-value		<.0001

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Disease Stage

Disease Stage = IB/II

	Vorinostat N=72	KW-0761 N=68
Number of Subjects with Confirmed Skin CR (n, %)	4 (5.6)	7 (10.3)
Number of Subjects Censored (n, %)	68 (94.4)	61 (89.7)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	10.8
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.64 (0.48, 5.69)
Log rank p-value		0.5111

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Disease Stage

Disease Stage = III/IV

	Vorinostat N=114	KW-0761 N=118
Number of Subjects with Confirmed Skin CR (n, %)	3 (2.6)	36 (30.5)
Number of Subjects Censored (n, %)	111 (97.4)	82 (69.5)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	24.5	4.9
Median (95% CI)*	24.53 (24.53, -)	16.17 (6.60, -)
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		9.01 (2.77,29.31)
Log rank p-value		<.0001

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Blood Involvement

Blood Involvement = Y

	Vorinostat N=122	KW-0761 N=123
Number of Subjects with Confirmed CR + PR (n, %)	5 (4.1)	42 (34.1)
Earliest Contributing Event:		
Number of Subjects Censored (n, %)	117 (95.9)	81 (65.9)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	11.1	4.7
Median (95% CI)*	-	9.60 (6.60, -)
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		6.01 (2.37,15.26)
Log rank p-value		<.0001

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Blood Involvement

Blood Involvement = N

	Vorinostat N=62	KW-0761 N=63
Number of Subjects with Confirmed CR + PR (n, %)	4 (6.5)	10 (15.9)
Earliest Contributing Event:		
Number of Subjects Censored (n, %)	58 (93.5)	53 (84.1)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	9.1
Median (95% CI)*	-	27.83 (9.07,27.83)
Q3	-	27.8
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.26 (0.70, 7.30)
Log rank p-value		0.2953

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Blood Involvement

Blood Involvement = Y

	Vorinostat N=122	KW-0761 N=123
Number of Subjects with Confirmed CR + PR (n, %)	5 (4.1)	37 (30.1)
Earliest Contributing Event:		
Number of Subjects Censored (n, %)	117 (95.9)	86 (69.9)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	24.5	4.9
Median (95% CI)*	24.53 (24.53, -)	16.17 (8.70, -)
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		5.40 (2.11,13.80)
Log rank p-value		0.0002

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Blood Involvement

Blood Involvement = N

	Vorinostat N=62	KW-0761 N=63
Number of Subjects with Confirmed CR + PR (n, %)	2 (3.2)	6 (9.5)
Earliest Contributing Event:		
Number of Subjects Censored (n, %)	60 (96.8)	57 (90.5)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	10.8
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.88 (0.57,14.48)
Log rank p-value		0.2624

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = US

	Vorinostat N=103	KW-0761 N=98
Number of Subjects with Confirmed CR + PR (n, %)	4 (3.9)	31 (31.6)
Number of Subjects Censored (n, %)	99 (96.1)	67 (68.4)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	5.1
Median (95% CI)*	-	9.60 (7.00, -)
Q3	-	27.8
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		6.23 (2.19,17.75)
Log rank p-value		0.0002

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. If the hazard ratio is very large, it is due to small sample size. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = Europe

	Vorinostat N=70	KW-0761 N=70
Number of Subjects with Confirmed CR + PR (n, %)	5 (7.1)	16 (22.9)
Number of Subjects Censored (n, %)	65 (92.9)	54 (77.1)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	10.3	5.0
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.45 (0.89, 6.73)
Log rank p-value		0.1023

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. If the hazard ratio is very large, it is due to small sample size. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = Japan

	Vorinostat N=6	KW-0761 N=9
Number of Subjects with Confirmed CR + PR (n, %)	0	4 (44.4)
Number of Subjects Censored (n, %)	6 (100.0)	5 (55.6)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	3.3
Median (95% CI)*	-	5.60 (3.07, -)
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		73E15*** (0.00, -
Log rank p-value		0.2421

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. If the hazard ratio is very large, it is due to small sample size. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = Australia

	Vorinostat N=7	KW-0761 N=9
Number of Subjects with Confirmed CR + PR (n, %)	0	1 (11.1)
Number of Subjects Censored (n, %)	7 (100.0)	8 (88.9)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		-
Log rank p-value		0.3173

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. If the hazard ratio is very large, it is due to small sample size. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Region

Region = US

	Vorinostat N=103	KW-0761 N=98
Number of Subjects with Confirmed CR + PR (n, %)	4 (3.9)	26 (26.5)
Number of Subjects Censored (n, %)	99 (96.1)	72 (73.5)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	24.5	5.1
Median (95% CI)*	24.53 (24.53, -)	16.17 (9.03, -)
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		5.16 (1.79,14.89)
Log rank p-value		0.0009

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. If the hazard ratio is very large, it is due to small sample size. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Region

Region = Europe

	Vorinostat N=70	KW-0761 N=70
Number of Subjects with Confirmed CR + PR (n, %)	3 (4.3)	14 (20.0)
Number of Subjects Censored (n, %)	67 (95.7)	56 (80.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	5.0
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		3.55 (1.01,12.49)
Log rank p-value		0.0535

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. If the hazard ratio is very large, it is due to small sample size. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Region

Region = Japan

	Vorinostat N=6	KW-0761 N=9
Number of Subjects with Confirmed CR + PR (n, %)	0	2 (22.2)
Number of Subjects Censored (n, %)	6 (100.0)	7 (77.8)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	5.6
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		539E5*** (0.00, -
Log rank p-value		0.5271

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. If the hazard ratio is very large, it is due to small sample size. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Overall Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Region

Region = Australia

	Vorinostat N=7	KW-0761 N=9
Number of Subjects with Confirmed CR + PR (n, %)	0	1 (11.1)
Number of Subjects Censored (n, %)	7 (100.0)	8 (88.9)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		-
Log rank p-value		0.3173

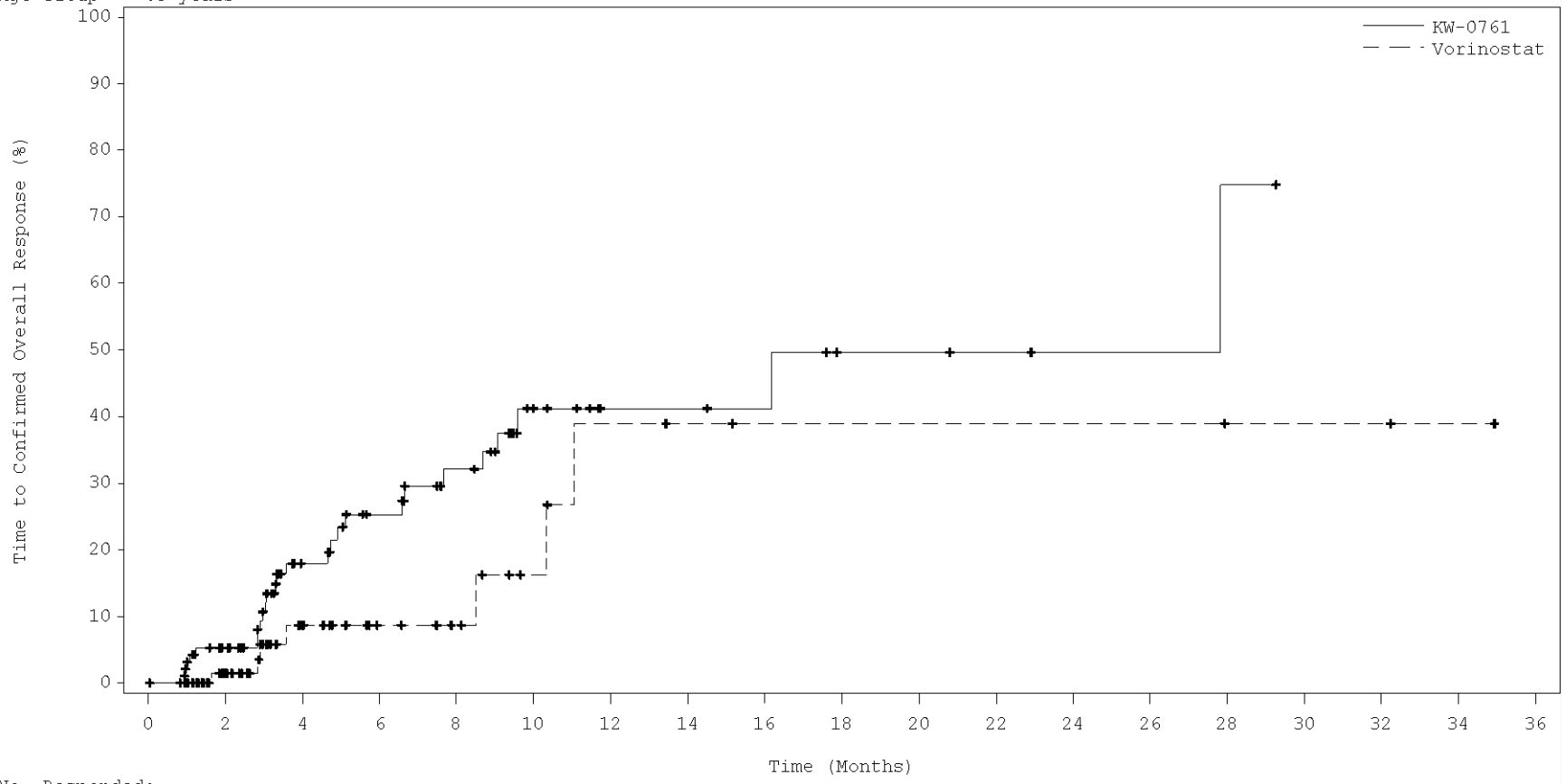
Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed overall resposne (TTR) is defined as the duration from the randomized date to the date of confirmed overall response. For subjects who did not have confirmed overall response, they are censored at the last post-baseline tumor assessment (from any compartment). For subjects who have neither confirmed overall response nor post-baseline tumor assessment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. If the hazard ratio is very large, it is due to small sample size. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Kyowa Kirin Pharmaceutical Development, Inc. Date: 03OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to Confirmed Overall Response (TTR) During Randomized Period
Based on Investigator's Assessment
by Age

Age Group = <65 years



No. Responded:																			
KW:	0	5	14	18	21	24	24	24	24	25	25	25	25	25	26	26	26	26	26
VOR:	0	1	4	4	4	5	7	7	7	7	7	7	7	7	7	7	7	7	7

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

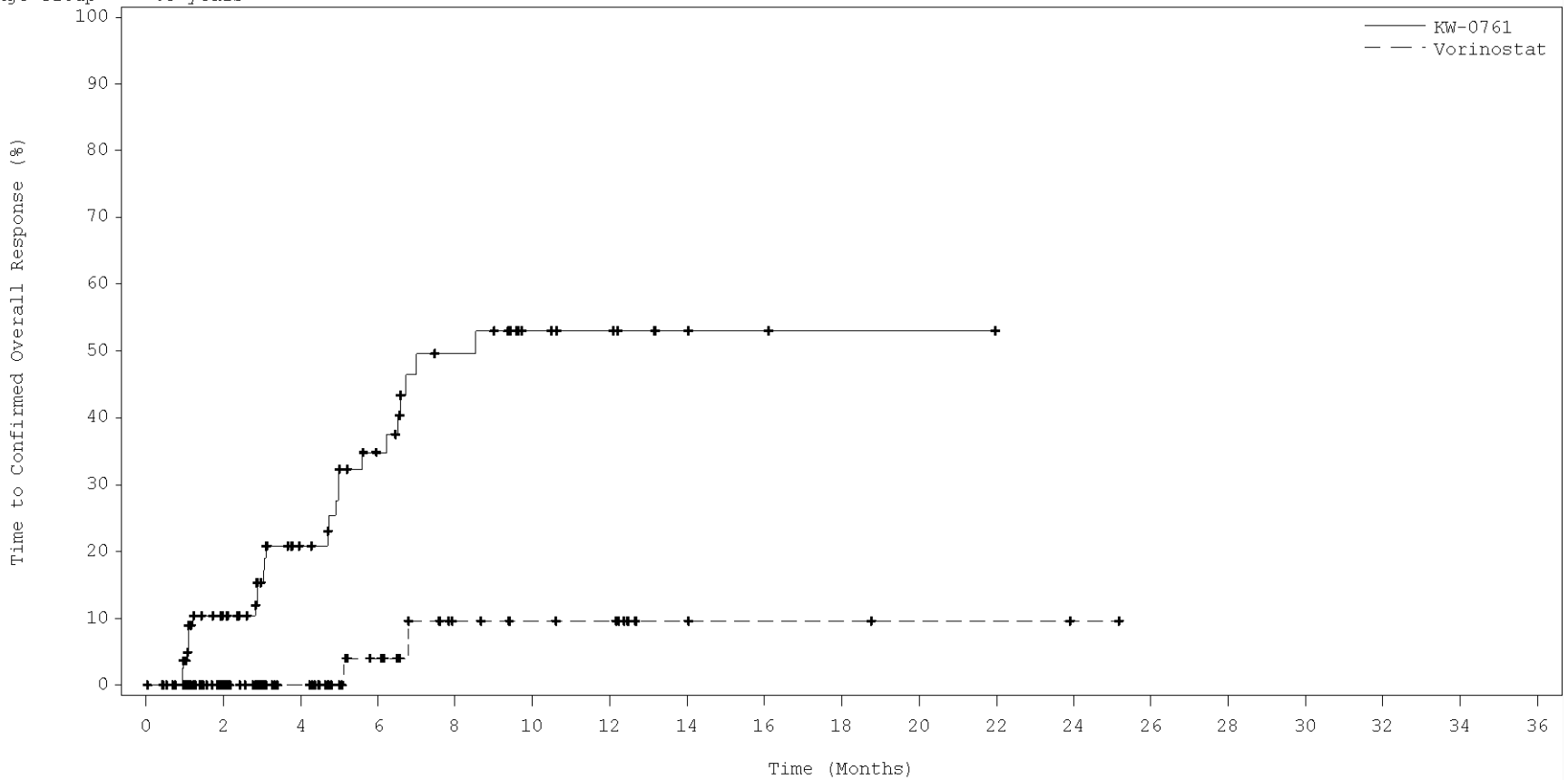
Data source: adsl.sas7bdat adttr.sas7bdat Program source: f_ttr_subgrp.sas Data cut-off date: 31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 03OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to Confirmed Overall Response (TTR) During Randomized Period
Based on Investigator's Assessment
by Age

Age Group = >=65 years



No. Responded:																			
KW:	0	8	14	20	25	26	26	26	26	26	26	26	26	26	26	26	26	26	26
VOR:	0	0	0	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

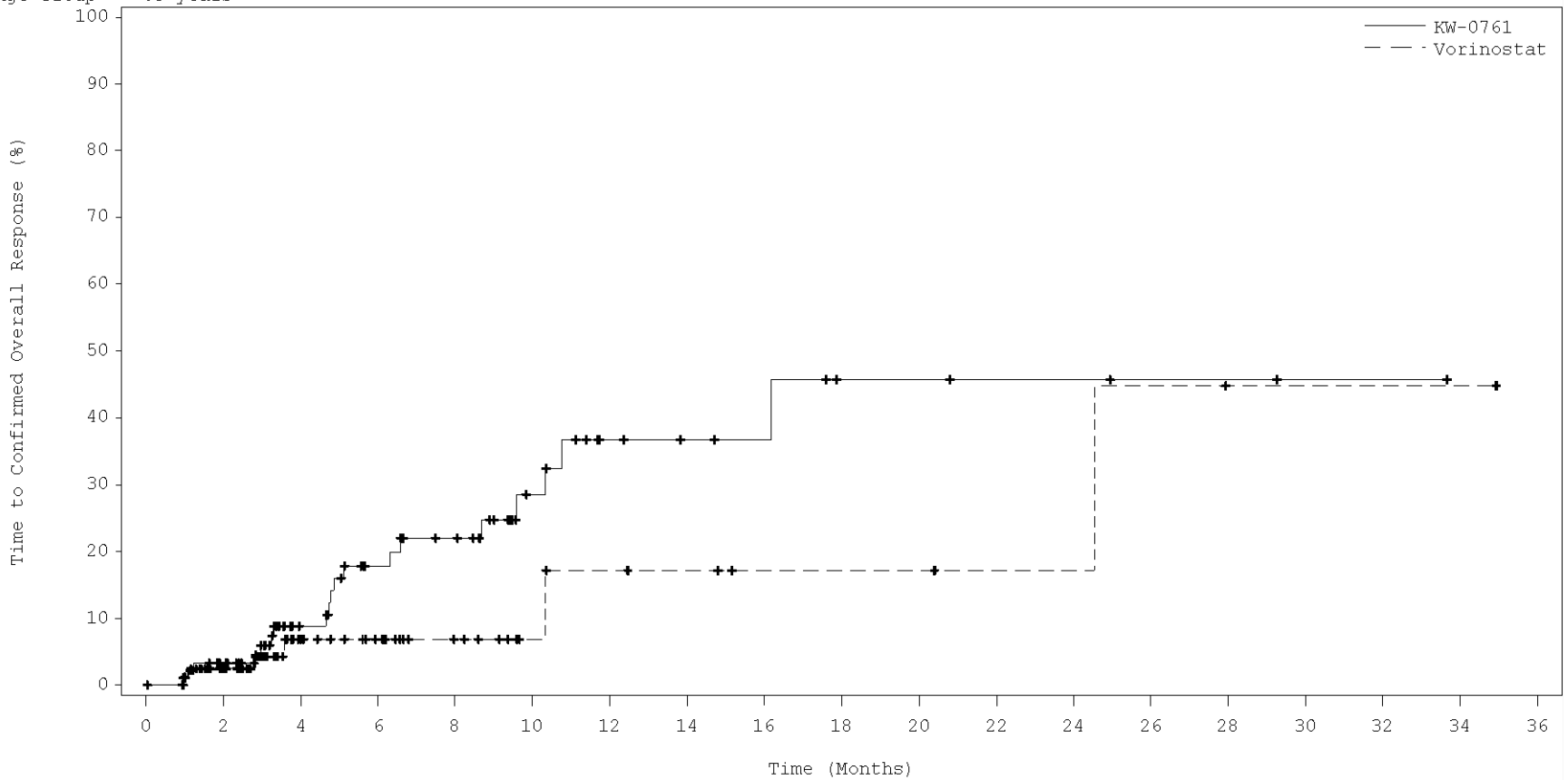
Data source: adsl.sas7bdat adttr.sas7bdat Program source: f_ttr_subgrp.sas Data cut-off date: 31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 03OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to Confirmed Overall Response (TTR) During Randomized Period
Based on Independent Review
by Age

Age Group = <65 years



No. Responded:																			
KW:	0	3	7	12	14	16	18	18	18	19	19	19	19	19	19	19	19	19	19
VOR:	0	2	4	4	4	4	5	5	5	5	5	5	5	6	6	6	6	6	6

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

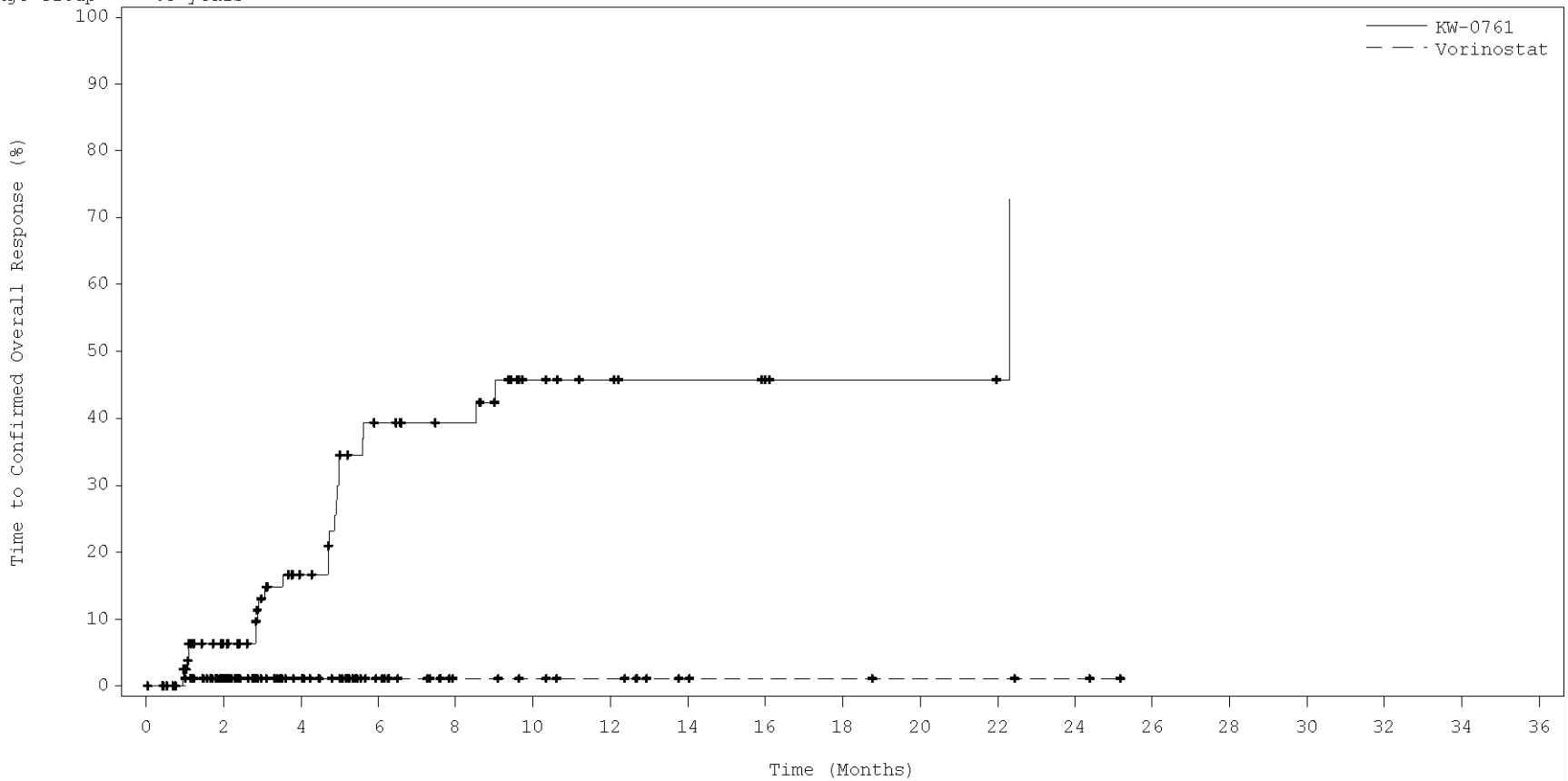
Data source: adsl.sas7bdat adttr.sas7bdat Program source: f_ttr_subgrp.sas Data cut-off date: 31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 03OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to Confirmed Overall Response (TTR) During Randomized Period
Based on Independent Review
by Age

Age Group = >=65 years



No. Responded:																			
KW:	0	5	11	21	21	23	23	23	23	23	23	23	24	24	24	24	24	24	24
VOR:	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1

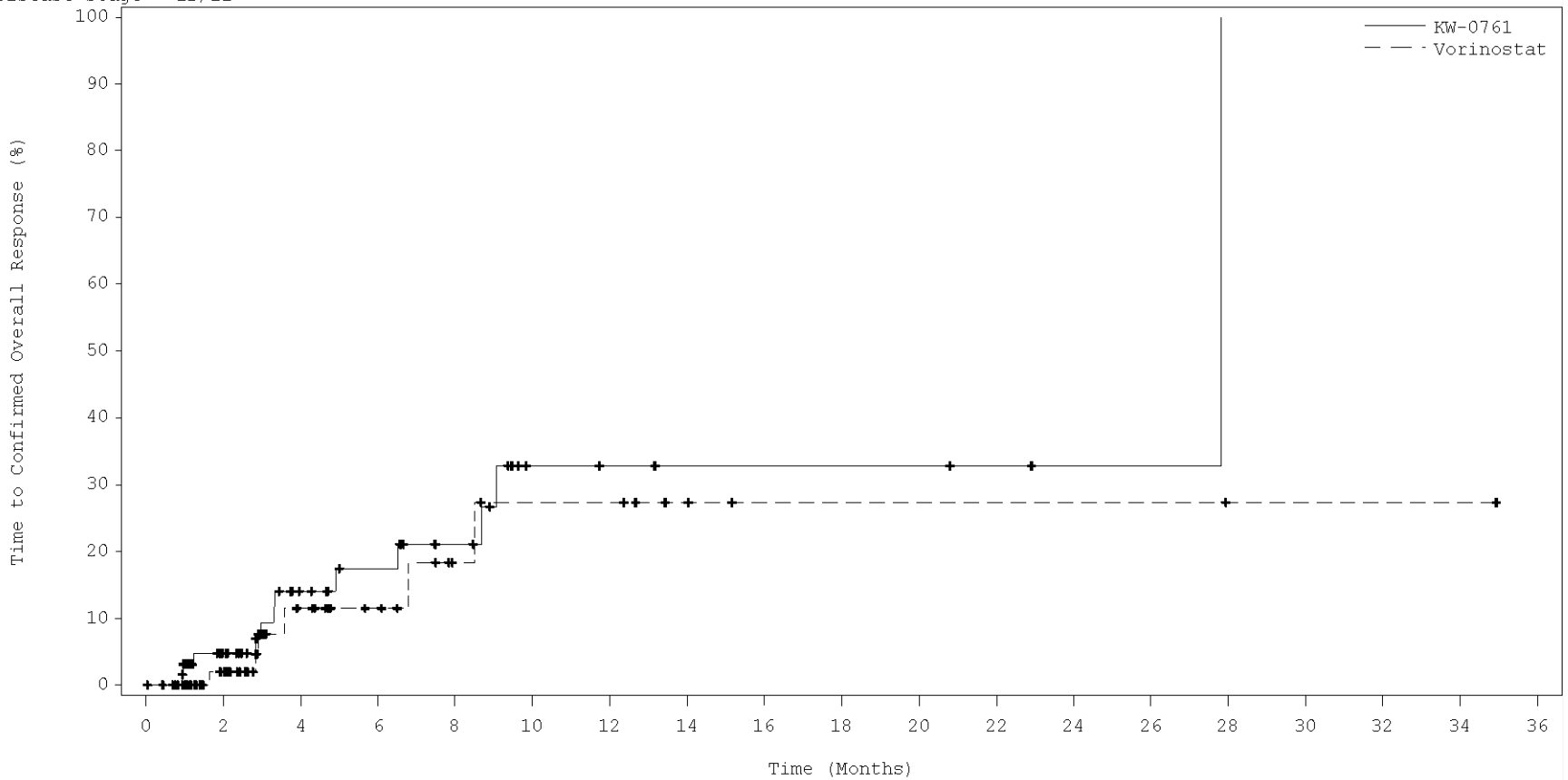
Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Data source: adsl.sas7bdat adttr.sas7bdat Program source: f_ttr_subgrp.sas Data cut-off date: 31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 03OCT2018
Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to Confirmed Overall Response (TTR) During Randomized Period
Based on Investigator's Assessment
by Disease Stage

Disease Stage = IB/II



No. Responded:

KW:	0	3	7	8	9	11	11	11	11	11	11	11	11	11	12	12	12	12	12
VOR:	0	1	4	4	5	6	6	6	6	6	6	6	6	6	6	6	6	6	6

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

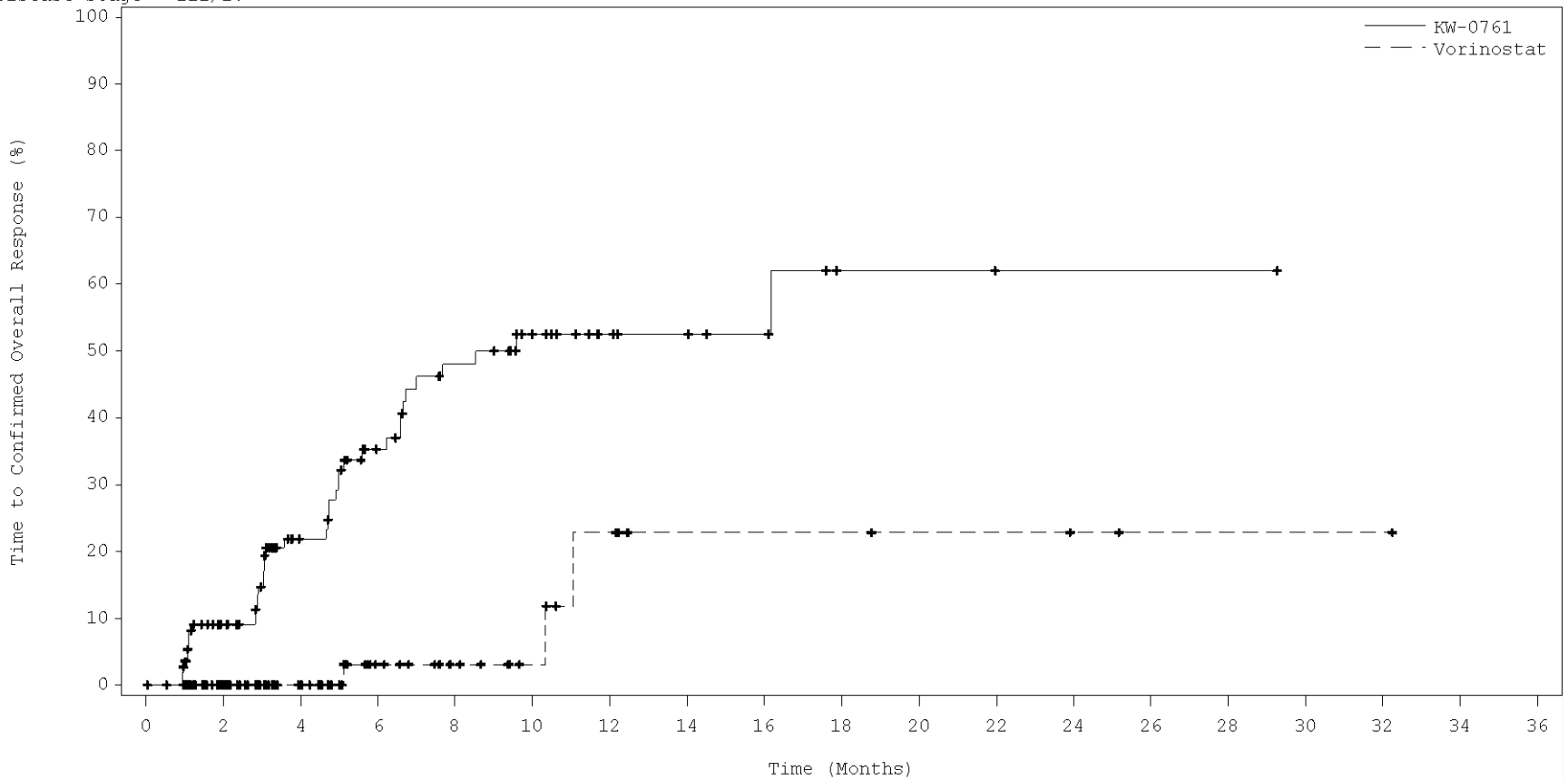
Data source: adsl.sas7bdat adttr.sas7bdat Program source: f_ttr_subgrp.sas Data cut-off date: 31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 03OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to Confirmed Overall Response (TTR) During Randomized Period
Based on Investigator's Assessment
by Disease Stage

Disease Stage = III/IV



No. Responded:																			
KW:	0	10	21	30	37	39	39	39	39	40	40	40	40	40	40	40	40	40	40
VOR:	0	0	0	1	1	1	3	3	3	3	3	3	3	3	3	3	3	3	3

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

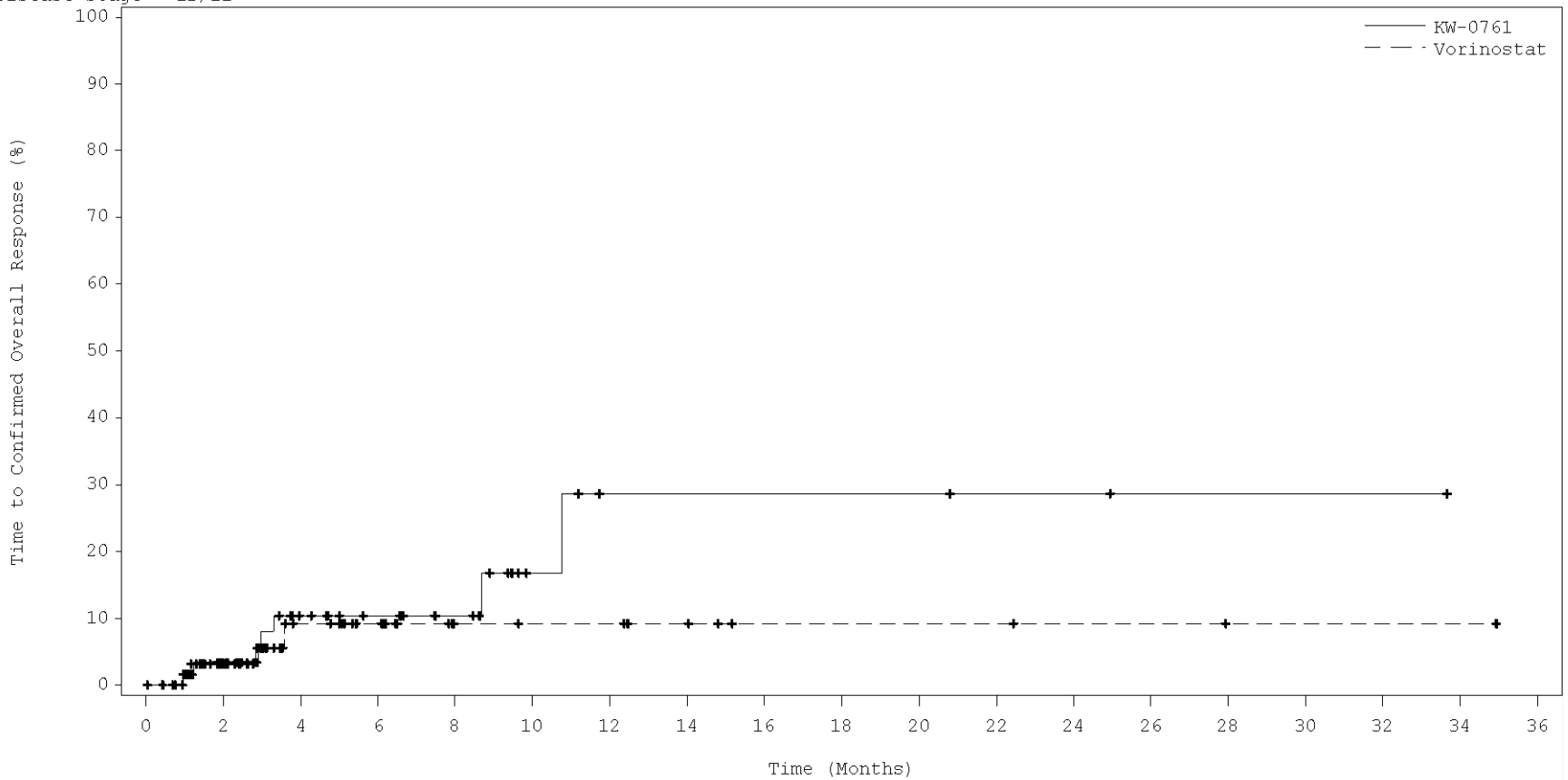
Data source: adsl.sas7bdat adttr.sas7bdat Program source: f_ttr_subgrp.sas Data cut-off date: 31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 03OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to Confirmed Overall Response (TTR) During Randomized Period
Based on Independent Review
by Disease Stage

Disease Stage = IB/II



No. Responded:

KW:	0	2	5	5	5	6	7	7	7	7	7	7	7	7	7	7	7	7	7
VOR:	0	2	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

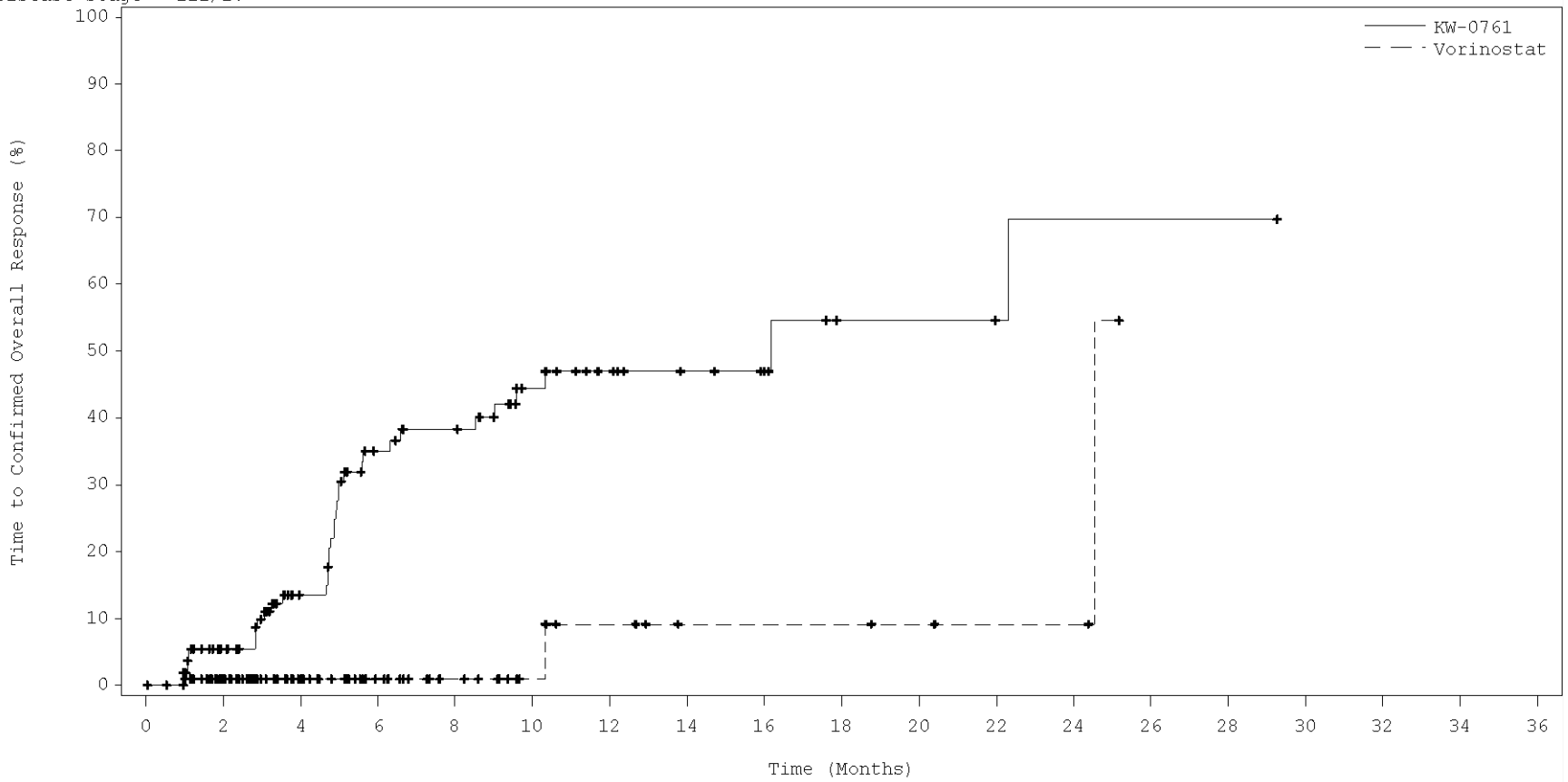
Data source: adsl.sas7bdat adttr.sas7bdat Program source: f_ttr_subgrp.sas Data cut-off date: 31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 03OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to Confirmed Overall Response (TTR) During Randomized Period
Based on Independent Review
by Disease Stage

Disease Stage = III/IV



No. Responded:																		
KW:	0	6	13	28	30	33	34	34	34	35	35	35	36	36	36	36	36	36	36
VOR:	0	1	1	1	1	1	2	2	2	2	2	2	2	3	3	3	3	3	3

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Data source: adsl.sas7bdat adttr.sas7bdat Program source: f_ttr_subgrp.sas Data cut-off date: 31-Dec-2016

Time to Confirmed Compartment Response (TTRC) Cox Model to Test for Interaction Between Treatment and Specified Variable

	Variable	p-value	
Compartment		Investigator's Assessment	Independent Review
Blood	Treatment Plan X Gender(F vs M)	0.1788	0.9929
	Treatment Plan X Age Group(>= 65 years vs < 65 years)	0.6432	0.5257
	Treatment Plan X Disease Type(SS vs MF)	0.2700	0.0143
	Treatment Plan X Disease Stage(III/IV vs IB/II)	0.3104	0.0007
	Treatment Plan X Blood Involvement(Yes vs No)	0.9794	0.0160
	Treatment Plan X Region 1(Europe vs US)	0.1811	0.1306
	Treatment Plan X Region 2(Europe vs Rest of World)	0.9130	0.6027
Nodal	Treatment Plan X Gender(F vs M)	0.4139	0.8488
	Treatment Plan X Age Group(>= 65 years vs < 65 years)	0.8871	0.1450
	Treatment Plan X Disease Type(SS vs MF)	0.5422	0.1487
	Treatment Plan X Disease Stage(III/IV vs IB/II)	0.9566	0.4790
	Treatment Plan X Blood Involvement(Yes vs No)	0.7075	0.6691
	Treatment Plan X Region 1(Europe vs US)	0.5828	0.0636
	Treatment Plan X Region 2(Europe vs Rest of World)	0.9950	0.9956
Skin	Treatment Plan X Gender(F vs M)	0.6535	0.8478
	Treatment Plan X Age Group(>= 65 years vs < 65 years)	0.2128	0.4051
	Treatment Plan X Disease Type(SS vs MF)	0.0842	0.1044
	Treatment Plan X Disease Stage(III/IV vs IB/II)	0.0144	0.0334
	Treatment Plan X Blood Involvement(Yes vs No)	0.1330	0.1285
	Treatment Plan X Region 1(Europe vs US)	0.1498	0.8510
	Treatment Plan X Region 2(Europe vs Rest of World)	0.5551	0.4403

Note: The covariates in the Cox proportional hazards model include the specified variable, treatment, disease type, disease stage, region and interaction between treatment and the specified variable. The p-value is obtained from Wald-test. For Treatment Plan * Region 1, the analysis set exludes subjects in Rest of World. For Treatment Plan * Region 2, the analysis set excludes subjects in US.
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.

Data source:adttr.sas7bdat Program source:t_ttrc_int.sas Data cut-off date:31-Dec-2016

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Gender

Gender = M

	Vorinostat N=107	KW-0761 N=109
Blood	N'= 66	N'= 74
Number of Subjects with Confirmed CR + PR (n, %)	15 (22.7)	48 (64.9)
Number of Subjects Censored (n, %)	51 (77.3)	26 (35.1)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	2.1	1.0
Median (95% CI)*	-	1.10 (1.07, 1.23)
Q3	-	-
Mean	3.20	2.76
Std Dev	3.689	5.077
Median	1.93	1.07
Minimum	0.0	0.0
Maximum	23.9	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		5.20 (2.88, 9.40)
Log rank p-value		<.0001

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Gender

Gender = M

	Vorinostat N=107	KW-0761 N=109
Skin	N'=107	N'=109
Number of Subjects with Confirmed CR + PR (n, %)	14 (13.1)	45 (41.3)
Number of Subjects Censored (n, %)	93 (86.9)	64 (58.7)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	7.5	3.0
Median (95% CI)*	-	7.63 (4.73,13.20)
Q3	-	26.7
Mean	3.66	5.01
Std Dev	3.021	5.272
Median	2.87	3.03
Minimum	0.0	0.0
Maximum	17.8	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.45 (1.33, 4.51)
Log rank p-value		0.0030

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Gender

Gender = M

	Vorinostat N=107	KW-0761 N=109
Nodal	N'= 79	N'= 78
Number of Subjects with Confirmed CR + PR (n, %)	4 (5.1)	13 (16.7)
Number of Subjects Censored (n, %)	75 (94.9)	65 (83.3)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	10.8
Median (95% CI)*	-	-
Q3	-	-
Mean	4.20	6.98
Std Dev	4.974	6.155
Median	2.90	5.12
Minimum	0.0	0.0
Maximum	33.0	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)	1.92 (0.61, 6.02)	
Log rank p-value	0.3117	

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Gender

Gender = M

	Vorinostat N=107	KW-0761 N=109
Visceral	N'= 3	N'= 2
Number of Subjects Censored (n, %)	3 (100.0)	2 (100.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	1.68	7.25
Std Dev	1.138	5.728
Median	1.93	7.25
Minimum	0.4	3.2
Maximum	2.7	11.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		. (. , .)
Log rank p-value		.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Gender

Gender = F

	Vorinostat N=79	KW-0761 N=77
Blood	N'= 59	N'= 50
Number of Subjects with Confirmed CR + PR (n, %)	8 (13.6)	35 (70.0)
Number of Subjects Censored (n, %)	51 (86.4)	15 (30.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	9.4	1.0
Median (95% CI)*	-	1.10 (1.03, 1.30)
Q3	-	1.9
Mean	3.23	1.38
Std Dev	4.467	1.346
Median	1.90	1.07
Minimum	0.0	0.0
Maximum	25.2	9.4
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		10.27 (4.53,23.33)
Log rank p-value		<.0001

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Gender

Gender = F

	Vorinostat N=79	KW-0761 N=77
Skin	N'= 79	N'= 77
Number of Subjects with Confirmed CR + PR (n, %)	15 (19.0)	33 (42.9)
Number of Subjects Censored (n, %)	64 (81.0)	44 (57.1)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	2.9	2.9
Median (95% CI)*	11.43 (5.63, -)	4.27 (3.70, 6.73)
Q3	22.4	-
Mean	3.26	3.48
Std Dev	4.332	2.866
Median	1.93	2.87
Minimum	0.0	0.0
Maximum	27.9	11.7
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.99 (1.04, 3.81)
Log rank p-value		0.0452

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Gender

Gender = F

	Vorinostat N=79	KW-0761 N=77
Nodal	N'= 54	N'= 58
Number of Subjects with Confirmed CR + PR (n, %)	1 (1.9)	8 (13.8)
Number of Subjects Censored (n, %)	53 (98.1)	50 (86.2)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	4.54	5.98
Std Dev	6.519	6.081
Median	1.42	3.20
Minimum	0.0	0.0
Maximum	28.7	23.6
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		5.26 (0.63,43.79)
Log rank p-value		0.1791

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Gender

Gender = F

	Vorinostat N=79	KW-0761 N=77
Visceral	N'= 1	N'= 4
Number of Subjects Censored (n, %)	1 (100.0)	4 (100.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	1.17	2.89
Std Dev	.	4.494
Median	1.17	0.97
Minimum	1.2	0.0
Maximum	1.2	9.6
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		. (. , .)
Log rank p-value		.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Gender

Gender = M

	Vorinostat N=107	KW-0761 N=109
Blood	N'= 69	N'= 76
Number of Subjects with Confirmed CR + PR (n, %)	12 (17.4)	41 (53.9)
Number of Subjects Censored (n, %)	57 (82.6)	35 (46.1)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	6.6	1.0
Median (95% CI)*	15.50 (6.57,15.50)	1.13 (1.07, 1.37)
Q3	15.5	2.9
Mean	3.05	2.19
Std Dev	2.998	4.821
Median	1.97	1.00
Minimum	0.0	0.0
Maximum	15.5	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		6.77 (3.50,13.09)
Log rank p-value		<.0001

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Gender

Gender = M

	Vorinostat N=107	KW-0761 N=109
Skin	N'=107	N'=109
Number of Subjects with Confirmed CR + PR (n, %)	14 (13.1)	42 (38.5)
Number of Subjects Censored (n, %)	93 (86.9)	67 (61.5)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	9.0	3.1
Median (95% CI)*	-	8.47 (5.10,13.20)
Q3	-	14.3
Mean	4.17	5.13
Std Dev	3.524	5.326
Median	3.10	3.27
Minimum	0.0	0.0
Maximum	22.4	33.7
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.53 (1.37, 4.67)
Log rank p-value		0.0021

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Gender

Gender = M

	Vorinostat N=107	KW-0761 N=109
Nodal	N'= 85	N'= 94
Number of Subjects with Confirmed CR + PR (n, %)	4 (4.7)	10 (10.6)
Number of Subjects Censored (n, %)	81 (95.3)	84 (89.4)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	4.65	7.37
Std Dev	5.031	6.725
Median	3.00	5.35
Minimum	0.7	0.5
Maximum	33.0	31.8
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)	1.64 (0.51, 5.31)	
Log rank p-value	0.4500	

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Gender

Gender = M

	Vorinostat N=107	KW-0761 N=109
Visceral	N'= 9	N'= 8
Number of Subjects with Confirmed CR + PR (n, %)	0	1 (12.5)
Number of Subjects Censored (n, %)	9 (100.0)	7 (87.5)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	1.35	3.38
Std Dev	1.745	2.740
Median	0.43	2.87
Minimum	0.0	0.0
Maximum	4.7	8.4
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		512E5*** (0.00, .
Log rank p-value		0.4497

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Gender

Gender = F

	Vorinostat N=79	KW-0761 N=77
Blood	N'= 64	N'= 54
Number of Subjects with Confirmed CR + PR (n, %)	11 (17.2)	36 (66.7)
Number of Subjects Censored (n, %)	53 (82.8)	18 (33.3)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	9.4	1.0
Median (95% CI)*	22.67 (9.37, -)	1.10 (1.03, 1.30)
Q3	-	1.9
Mean	3.21	1.74
Std Dev	5.048	3.031
Median	1.47	1.03
Minimum	0.0	0.0
Maximum	25.2	20.4
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		6.06 (2.96,12.40)
Log rank p-value		<.0001

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Gender

Gender = F

	Vorinostat N=79	KW-0761 N=77
Skin	N'= 79	N'= 77
Number of Subjects with Confirmed CR + PR (n, %)	13 (16.5)	31 (40.3)
Number of Subjects Censored (n, %)	66 (83.5)	46 (59.7)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	6.6	3.8
Median (95% CI)*	22.43 (6.57, -)	6.53 (3.83, 9.03)
Q3	-	22.3
Mean	3.73	3.94
Std Dev	4.416	3.647
Median	2.37	2.87
Minimum	0.0	0.0
Maximum	27.9	22.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.33 (1.18, 4.62)
Log rank p-value		0.0274

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Gender

Gender = F

	Vorinostat N=79	KW-0761 N=77
Nodal	N'= 68	N'= 64
Number of Subjects with Confirmed CR + PR (n, %)	2 (2.9)	5 (7.8)
Number of Subjects Censored (n, %)	66 (97.1)	59 (92.2)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	24.5	16.1
Median (95% CI)*	24.53 (24.53, -)	-
Q3	-	-
Mean	4.61	6.81
Std Dev	5.982	6.247
Median	2.23	5.37
Minimum	0.0	0.0
Maximum	26.5	33.5
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.57 (0.44,14.88)
Log rank p-value		0.6532

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Gender

Gender = F

	Vorinostat N=79	KW-0761 N=77
Visceral	N'= 4	N'= 4
Number of Subjects Censored (n, %)	4 (100.0)	4 (100.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	1.17	3.43
Std Dev	0.901	4.605
Median	1.23	1.22
Minimum	0.0	1.0
Maximum	2.2	10.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		. (. , .)
Log rank p-value		.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Age

Age Group = <65 years

	Vorinostat N=89	KW-0761 N=99
Blood	N'= 48	N'= 57
Number of Subjects with Confirmed CR + PR (n, %)	9 (18.8)	40 (70.2)
Number of Subjects Censored (n, %)	39 (81.3)	17 (29.8)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	4.7	1.0
Median (95% CI)*	9.37 (4.70, -)	1.10 (1.03, 1.37)
Q3	-	1.7
Mean	3.31	2.62
Std Dev	3.422	5.081
Median	2.10	1.07
Minimum	0.0	0.0
Maximum	20.4	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		8.56 (3.98,18.40)
Log rank p-value		<.0001

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Age

Age Group = <65 years

	Vorinostat N=89	KW-0761 N=99
Skin	N'= 89	N'= 99
Number of Subjects with Confirmed CR + PR (n, %)	15 (16.9)	41 (41.4)
Number of Subjects Censored (n, %)	74 (83.1)	58 (58.6)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	5.6	3.0
Median (95% CI)*	9.03 (6.57, -)	7.63 (4.67,14.30)
Q3	-	26.7
Mean	3.23	4.89
Std Dev	3.458	5.111
Median	2.57	3.07
Minimum	0.0	0.0
Maximum	27.9	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.66 (0.91, 3.05)
Log rank p-value		0.1591

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Age

Age Group = <65 years

	Vorinostat N=89	KW-0761 N=99
Nodal	N'= 69	N'= 73
Number of Subjects with Confirmed CR + PR (n, %)	3 (4.3)	14 (19.2)
Number of Subjects Censored (n, %)	66 (95.7)	59 (80.8)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	11.0	10.7
Median (95% CI)*	-	-
Q3	-	-
Mean	4.79	6.70
Std Dev	6.402	6.223
Median	2.87	4.67
Minimum	0.0	0.0
Maximum	33.0	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)	2.77 (0.78, 9.83)	
Log rank p-value	0.1261	

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Age

Age Group = <65 years

	Vorinostat N=89	KW-0761 N=99
Visceral	N'= 2	N'= 2
Number of Subjects Censored (n, %)	2 (100.0)	2 (100.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	2.30	2.08
Std Dev	0.519	1.579
Median	2.30	2.08
Minimum	1.9	1.0
Maximum	2.7	3.2
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		. (. , .)
Log rank p-value		.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Age

Age Group = >=65 years

	Vorinostat N=97	KW-0761 N=87
Blood	N'= 77	N'= 67
Number of Subjects with Confirmed CR + PR (n, %)	14 (18.2)	43 (64.2)
Number of Subjects Censored (n, %)	63 (81.8)	24 (35.8)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	4.7	1.0
Median (95% CI)*	-	1.10 (1.07, 1.30)
Q3	-	2.1
Mean	3.16	1.85
Std Dev	4.429	2.919
Median	1.90	1.07
Minimum	0.0	0.0
Maximum	25.2	22.0
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		6.28 (3.34,11.81)
Log rank p-value		<.0001

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Age

Age Group = >=65 years

	Vorinostat N=97	KW-0761 N=87
Skin	N'= 97	N'= 87
Number of Subjects with Confirmed CR + PR (n, %)	14 (14.4)	37 (42.5)
Number of Subjects Censored (n, %)	83 (85.6)	50 (57.5)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	7.5	2.9
Median (95% CI)*	22.43 (7.57,22.43)	4.57 (3.77, 7.60)
Q3	22.4	12.4
Mean	3.73	3.79
Std Dev	3.784	3.603
Median	2.17	2.87
Minimum	0.0	0.0
Maximum	22.4	22.0
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.91 (1.54, 5.52)
Log rank p-value		0.0008

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Age

Age Group = >=65 years

	Vorinostat N=97	KW-0761 N=87
Nodal	N'= 64	N'= 63
Number of Subjects with Confirmed CR + PR (n, %)	2 (3.1)	7 (11.1)
Number of Subjects Censored (n, %)	62 (96.9)	56 (88.9)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	3.86	6.39
Std Dev	4.663	6.047
Median	2.68	5.00
Minimum	0.0	0.0
Maximum	23.4	27.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.13 (0.43,10.59)
Log rank p-value		0.3750

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Age

Age Group = >=65 years

	Vorinostat N=97	KW-0761 N=87
Visceral	N'= 2	N'= 4
Number of Subjects Censored (n, %)	2 (100.0)	4 (100.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	0.80	5.48
Std Dev	0.519	5.799
Median	0.80	5.28
Minimum	0.4	0.0
Maximum	1.2	11.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		. (. , .)
Log rank p-value		.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Age

Age Group = <65 years

	Vorinostat N=89	KW-0761 N=99
Blood	N'= 53	N'= 61
Number of Subjects with Confirmed CR + PR (n, %)	10 (18.9)	33 (54.1)
Number of Subjects Censored (n, %)	43 (81.1)	28 (45.9)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	9.4	1.0
Median (95% CI)*	22.67 (9.37,22.67)	1.13 (1.03, 1.37)
Q3	22.7	2.3
Mean	3.37	2.03
Std Dev	4.439	4.675
Median	1.97	1.00
Minimum	0.0	0.0
Maximum	22.7	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		6.10 (2.86,13.03)
Log rank p-value		<.0001

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Age

Age Group = <65 years

	Vorinostat N=89	KW-0761 N=99
Skin	N'= 89	N'= 99
Number of Subjects with Confirmed CR + PR (n, %)	13 (14.6)	38 (38.4)
Number of Subjects Censored (n, %)	76 (85.4)	61 (61.6)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	9.0	3.8
Median (95% CI)*	-	8.20 (5.10,13.20)
Q3	-	14.3
Mean	3.69	5.11
Std Dev	3.499	5.160
Median	2.83	3.33
Minimum	0.0	0.0
Maximum	27.9	33.7
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.86 (0.98, 3.55)
Log rank p-value		0.1038

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Age

Age Group = <65 years

	Vorinostat N=89	KW-0761 N=99
Nodal	N'= 73	N'= 85
Number of Subjects with Confirmed CR + PR (n, %)	5 (6.8)	7 (8.2)
Number of Subjects Censored (n, %)	68 (93.2)	78 (91.8)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	24.5	-
Median (95% CI)*	-	-
Q3	-	-
Mean	4.88	7.36
Std Dev	6.121	6.593
Median	2.90	5.57
Minimum	0.0	0.8
Maximum	33.0	31.8
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.90 (0.28, 2.95)
Log rank p-value		0.5650

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Age

Age Group = <65 years

	Vorinostat N=89	KW-0761 N=99
Visceral	N'= 5	N'= 7
Number of Subjects with Confirmed CR + PR (n, %)	0	1 (14.3)
Number of Subjects Censored (n, %)	5 (100.0)	6 (85.7)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	0.79	3.46
Std Dev	1.232	3.665
Median	0.03	1.63
Minimum	0.0	0.0
Maximum	2.9	10.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		419E5*** (0.00, .
Log rank p-value		0.5271

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Age

Age Group = >=65 years

	Vorinostat N=97	KW-0761 N=87
Blood	N'= 80	N'= 69
Number of Subjects with Confirmed CR + PR (n, %)	13 (16.3)	44 (63.8)
Number of Subjects Censored (n, %)	67 (83.8)	25 (36.2)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	6.6	1.0
Median (95% CI)*	15.50 (6.57, -)	1.10 (1.07, 1.30)
Q3	-	2.9
Mean	2.97	1.98
Std Dev	3.878	3.687
Median	1.93	1.07
Minimum	0.0	0.0
Maximum	25.2	22.0
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		6.91 (3.66,13.01)
Log rank p-value		<.0001

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Age

Age Group = >=65 years

	Vorinostat N=97	KW-0761 N=87
Skin	N'= 97	N'= 87
Number of Subjects with Confirmed CR + PR (n, %)	14 (14.4)	35 (40.2)
Number of Subjects Censored (n, %)	83 (85.6)	52 (59.8)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	7.6	3.0
Median (95% CI)*	22.43 (22.43, -)	6.53 (3.80,12.40)
Q3	-	12.4
Mean	4.25	4.11
Std Dev	4.275	4.152
Median	2.80	2.90
Minimum	0.0	0.0
Maximum	22.4	22.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.92 (1.53, 5.55)
Log rank p-value		0.0021

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Age

Age Group = >=65 years

	Vorinostat N=97	KW-0761 N=87
Nodal	N'= 80	N'= 73
Number of Subjects with Confirmed CR + PR (n, %)	1 (1.3)	8 (11.0)
Number of Subjects Censored (n, %)	79 (98.8)	65 (89.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	4.41	6.89
Std Dev	4.797	6.472
Median	2.83	5.27
Minimum	0.7	0.0
Maximum	23.4	33.5
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		5.03 (0.61,41.18)
Log rank p-value		0.1283

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Age

Age Group = >=65 years

	Vorinostat N=97	KW-0761 N=87
Visceral	N'= 8	N'= 5
Number of Subjects Censored (n, %)	8 (100.0)	5 (100.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	1.61	3.32
Std Dev	1.638	2.979
Median	1.23	2.80
Minimum	0.0	1.0
Maximum	4.7	8.4
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		. (. , .)
Log rank p-value		.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Disease Type

Disease Type = MF

	Vorinostat N=99	KW-0761 N=105
Blood	N'= 39	N'= 44
Number of Subjects with Confirmed CR + PR (n, %)	7 (17.9)	24 (54.5)
Number of Subjects Censored (n, %)	32 (82.1)	20 (45.5)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	4.7	1.0
Median (95% CI)*	-	1.17 (1.07, 5.70)
Q3	-	-
Mean	3.55	3.23
Std Dev	4.966	5.752
Median	1.93	1.07
Minimum	0.0	0.0
Maximum	23.9	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		4.06 (1.72, 9.59)
Log rank p-value		0.0022

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Disease Type

Disease Type = MF

	Vorinostat N=99	KW-0761 N=105
Skin	N'= 99	N'=105
Number of Subjects with Confirmed CR + PR (n, %)	18 (18.2)	35 (33.3)
Number of Subjects Censored (n, %)	81 (81.8)	70 (66.7)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	5.6	3.2
Median (95% CI)*	11.43 (7.57, -)	7.73 (4.73,26.67)
Q3	-	26.7
Mean	3.50	4.33
Std Dev	3.624	4.791
Median	2.63	2.97
Minimum	0.0	0.0
Maximum	27.9	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.51 (0.85, 2.68)
Log rank p-value		0.1980

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Disease Type

Disease Type = MF

	Vorinostat N=99	KW-0761 N=105
Nodal	N'= 62	N'= 72
Number of Subjects with Confirmed CR + PR (n, %)	3 (4.8)	9 (12.5)
Number of Subjects Censored (n, %)	59 (95.2)	63 (87.5)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	5.13	6.09
Std Dev	6.894	6.202
Median	2.93	4.67
Minimum	0.0	0.0
Maximum	33.0	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.02 (0.54, 7.54)
Log rank p-value		0.2681

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Disease Type

Disease Type = MF

	Vorinostat N=99	KW-0761 N=105
Visceral	N'= 3	N'= 2
Number of Subjects Censored (n, %)	3 (100.0)	2 (100.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	1.68	2.08
Std Dev	1.138	1.579
Median	1.93	2.08
Minimum	0.4	1.0
Maximum	2.7	3.2
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		. (. , .)
Log rank p-value		.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Disease Type

Disease Type = SS

	Vorinostat N=87	KW-0761 N=81
Blood	N'= 86	N'= 80
Number of Subjects with Confirmed CR + PR (n, %)	16 (18.6)	59 (73.8)
Number of Subjects Censored (n, %)	70 (81.4)	21 (26.3)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	4.7	1.0
Median (95% CI)*	-	1.10 (1.07, 1.20)
Q3	-	1.4
Mean	3.06	1.64
Std Dev	3.594	2.594
Median	1.93	1.07
Minimum	0.0	0.0
Maximum	25.2	22.0
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		8.01 (4.56,14.09)
Log rank p-value		<.0001

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Disease Type

Disease Type = SS

	Vorinostat N=87	KW-0761 N=81
Skin	N'= 87	N'= 81
Number of Subjects with Confirmed CR + PR (n, %)	11 (12.6)	43 (53.1)
Number of Subjects Censored (n, %)	76 (87.4)	38 (46.9)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	6.6	2.8
Median (95% CI)*	22.43 (6.57,22.43)	4.57 (3.53, 7.00)
Q3	22.4	12.4
Mean	3.48	4.44
Std Dev	3.659	4.100
Median	2.13	2.97
Minimum	0.0	0.0
Maximum	22.4	22.0
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		3.47 (1.74, 6.92)
Log rank p-value		0.0002

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Disease Type

Disease Type = SS

	Vorinostat N=87	KW-0761 N=81
Nodal	N'= 71	N'= 64
Number of Subjects with Confirmed CR + PR (n, %)	2 (2.8)	12 (18.8)
Number of Subjects Censored (n, %)	69 (97.2)	52 (81.3)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	10.7
Median (95% CI)*	-	-
Q3	-	-
Mean	3.65	7.08
Std Dev	4.165	6.035
Median	2.63	5.32
Minimum	0.0	0.0
Maximum	23.4	23.6
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.84 (0.62,12.91)
Log rank p-value		0.1951

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Disease Type

Disease Type = SS

	Vorinostat N=87	KW-0761 N=81
Visceral	N'= 1	N'= 4
Number of Subjects Censored (n, %)	1 (100.0)	4 (100.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	1.17	5.48
Std Dev	.	5.799
Median	1.17	5.28
Minimum	1.2	0.0
Maximum	1.2	11.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		. (. , .)
Log rank p-value		.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Disease Type

Disease Type = MF

	Vorinostat N=99	KW-0761 N=105
Blood	N'= 46	N'= 50
Number of Subjects with Confirmed CR + PR (n, %)	13 (28.3)	25 (50.0)
Number of Subjects Censored (n, %)	33 (71.7)	25 (50.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	2.1	1.0
Median (95% CI)*	15.50 (2.87,22.67)	1.13 (1.03, 1.43)
Q3	22.7	2.1
Mean	3.14	1.96
Std Dev	4.928	5.043
Median	1.93	1.02
Minimum	0.0	0.0
Maximum	22.7	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		3.06 (1.54, 6.08)
Log rank p-value		0.0052

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Disease Type

Disease Type = MF

	Vorinostat N=99	KW-0761 N=105
Skin	N'= 99	N'=105
Number of Subjects with Confirmed CR + PR (n, %)	16 (16.2)	31 (29.5)
Number of Subjects Censored (n, %)	83 (83.8)	74 (70.5)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	7.6	4.3
Median (95% CI)*	-	9.07 (7.30,13.20)
Q3	-	13.2
Mean	4.03	4.55
Std Dev	4.137	4.864
Median	2.87	3.07
Minimum	0.0	0.0
Maximum	27.9	33.7
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.60 (0.87, 2.94)
Log rank p-value		0.2900

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Disease Type

Disease Type = MF

	Vorinostat N=99	KW-0761 N=105
Nodal	N'= 74	N'= 87
Number of Subjects with Confirmed CR + PR (n, %)	4 (5.4)	4 (4.6)
Number of Subjects Censored (n, %)	70 (94.6)	83 (95.4)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	24.5	-
Median (95% CI)*	-	-
Q3	-	-
Mean	5.52	6.66
Std Dev	6.557	6.686
Median	3.10	4.70
Minimum	0.7	0.0
Maximum	33.0	31.8
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.77 (0.19, 3.15)
Log rank p-value		0.4391

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Disease Type

Disease Type = MF

	Vorinostat N=99	KW-0761 N=105
Visceral	N'= 11	N'= 8
Number of Subjects with Confirmed CR + PR (n, %)	0	1 (12.5)
Number of Subjects Censored (n, %)	11 (100.0)	7 (87.5)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	1.24	3.79
Std Dev	1.613	3.894
Median	0.43	1.97
Minimum	0.0	0.0
Maximum	4.7	10.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		569E5*** (0.00, .
Log rank p-value		0.4142

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Disease Type

Disease Type = SS

	Vorinostat N=87	KW-0761 N=81
Blood	N'= 87	N'= 80
Number of Subjects with Confirmed CR + PR (n, %)	10 (11.5)	52 (65.0)
Number of Subjects Censored (n, %)	77 (88.5)	28 (35.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	9.4	1.0
Median (95% CI)*	-	1.10 (1.07, 1.30)
Q3	-	2.9
Mean	3.12	2.03
Std Dev	3.616	3.540
Median	1.97	1.07
Minimum	0.0	0.0
Maximum	25.2	22.0
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		. (. , .)
Log rank p-value		<.0001

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Disease Type

Disease Type = SS

	Vorinostat N=87	KW-0761 N=81
Skin	N'= 87	N'= 81
Number of Subjects with Confirmed CR + PR (n, %)	11 (12.6)	42 (51.9)
Number of Subjects Censored (n, %)	76 (87.4)	39 (48.1)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	7.5	2.8
Median (95% CI)*	22.43 (7.53,22.43)	4.87 (3.80, 7.60)
Q3	22.4	14.3
Mean	3.93	4.76
Std Dev	3.686	4.576
Median	2.80	2.97
Minimum	0.0	0.0
Maximum	22.4	22.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		3.76 (1.88, 7.53)
Log rank p-value		0.0001

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Disease Type

Disease Type = SS

	Vorinostat N=87	KW-0761 N=81
Nodal	N'= 79	N'= 71
Number of Subjects with Confirmed CR + PR (n, %)	2 (2.5)	11 (15.5)
Number of Subjects Censored (n, %)	77 (97.5)	60 (84.5)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	16.1
Median (95% CI)*	-	-
Q3	-	-
Mean	3.80	7.73
Std Dev	4.038	6.310
Median	2.70	6.70
Minimum	0.0	0.5
Maximum	23.4	33.5
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		3.12 (0.68,14.36)
Log rank p-value		0.1515

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Disease Type

Disease Type = SS

	Vorinostat N=87	KW-0761 N=81
Visceral	N'= 2	N'= 4
Number of Subjects Censored (n, %)	2 (100.0)	4 (100.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	1.58	2.62
Std Dev	0.825	1.453
Median	1.58	2.22
Minimum	1.0	1.4
Maximum	2.2	4.6
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		. (. , .)
Log rank p-value		.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Disease Stage

Disease Stage = IB/II

	Vorinostat N=72	KW-0761 N=68
Blood	N'= 23	N'= 17
Number of Subjects with Confirmed CR + PR (n, %)	4 (17.4)	8 (47.1)
Number of Subjects Censored (n, %)	19 (82.6)	9 (52.9)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	1.0
Median (95% CI)*	-	1.47 (1.03, -)
Q3	-	-
Mean	2.22	3.41
Std Dev	2.572	5.148
Median	1.90	1.03
Minimum	0.0	0.0
Maximum	12.7	19.8
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.76 (0.76, 9.98)
Log rank p-value		0.1389

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Disease Stage

Disease Stage = IB/II

	Vorinostat N=72	KW-0761 N=68
Skin	N'= 72	N'= 68
Number of Subjects with Confirmed CR + PR (n, %)	14 (19.4)	19 (27.9)
Number of Subjects Censored (n, %)	58 (80.6)	49 (72.1)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	3.8	3.8
Median (95% CI)*	9.03 (5.63, -)	26.67 (4.90,26.67)
Q3	-	26.7
Mean	3.28	4.40
Std Dev	3.942	4.561
Median	2.40	2.93
Minimum	0.0	0.0
Maximum	27.9	26.7
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.03 (0.51, 2.07)
Log rank p-value		0.9288

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Disease Stage

Disease Stage = IB/II

	Vorinostat N=72	KW-0761 N=68
Nodal	N'= 40	N'= 41
Number of Subjects with Confirmed CR + PR (n, %)	1 (2.5)	4 (9.8)
Number of Subjects Censored (n, %)	39 (97.5)	37 (90.2)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	4.53	4.90
Std Dev	6.870	4.425
Median	2.27	3.97
Minimum	0.0	0.0
Maximum	33.0	20.1
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		3.23 (0.36,29.16)
Log rank p-value		0.2052

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Disease Stage

Disease Stage = IB/II

	Vorinostat N=72	KW-0761 N=68
Visceral	N'= 1	N'= 1
Number of Subjects Censored (n, %)	1 (100.0)	1 (100.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	0.43	0.97
Std Dev	.	.
Median	0.43	0.97
Minimum	0.4	1.0
Maximum	0.4	1.0
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		. (. , .)
Log rank p-value		.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Disease Stage

Disease Stage = III/IV

	Vorinostat N=114	KW-0761 N=118
Blood	N'=102	N'=107
Number of Subjects with Confirmed CR + PR (n, %)	19 (18.6)	75 (70.1)
Number of Subjects Censored (n, %)	83 (81.4)	32 (29.9)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	4.7	1.0
Median (95% CI)*	-	1.10 (1.07, 1.20)
Q3	-	1.9
Mean	3.44	2.01
Std Dev	4.301	3.853
Median	1.93	1.07
Minimum	0.0	0.0
Maximum	25.2	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		7.53 (4.50,12.61)
Log rank p-value		<.0001

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Disease Stage

Disease Stage = III/IV

	Vorinostat N=114	KW-0761 N=118
Skin	N'=114	N'=118
Number of Subjects with Confirmed CR + PR (n, %)	15 (13.2)	59 (50.0)
Number of Subjects Censored (n, %)	99 (86.8)	59 (50.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	7.5	2.8
Median (95% CI)*	22.43 (7.53,22.43)	4.73 (3.80, 7.00)
Q3	22.4	13.2
Mean	3.62	4.37
Std Dev	3.431	4.471
Median	2.47	2.97
Minimum	0.0	0.0
Maximum	22.4	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		3.18 (1.80, 5.62)
Log rank p-value		<.0001

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Disease Stage

Disease Stage = III/IV

	Vorinostat N=114	KW-0761 N=118
Nodal	N'= 93	N'= 95
Number of Subjects with Confirmed CR + PR (n, %)	4 (4.3)	17 (17.9)
Number of Subjects Censored (n, %)	89 (95.7)	78 (82.1)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	10.7
Median (95% CI)*	-	-
Q3	-	-
Mean	4.26	7.27
Std Dev	5.047	6.616
Median	2.87	5.20
Minimum	0.0	0.0
Maximum	28.7	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)	2.31 (0.77, 6.97)	
Log rank p-value	0.2132	

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Disease Stage

Disease Stage = III/IV

	Vorinostat N=114	KW-0761 N=118
Visceral	N'= 3	N'= 5
Number of Subjects Censored (n, %)	3 (100.0)	5 (100.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	1.92	5.02
Std Dev	0.750	5.124
Median	1.93	3.20
Minimum	1.2	0.0
Maximum	2.7	11.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		. (. , .)
Log rank p-value		.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Disease Stage

Disease Stage = IB/II

	Vorinostat N=72	KW-0761 N=68
Blood	N'= 30	N'= 22
Number of Subjects with Confirmed CR + PR (n, %)	11 (36.7)	12 (54.5)
Number of Subjects Censored (n, %)	19 (63.3)	10 (45.5)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	1.0	1.0
Median (95% CI)*	2.87 (0.97, 6.57)	1.27 (0.97, 2.87)
Q3	6.6	2.9
Mean	1.49	2.21
Std Dev	1.563	4.616
Median	0.98	1.00
Minimum	0.0	0.0
Maximum	6.6	20.8
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.70 (0.70, 4.10)
Log rank p-value		0.2654

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Disease Stage

Disease Stage = IB/II

	Vorinostat N=72	KW-0761 N=68
Skin	N'= 72	N'= 68
Number of Subjects with Confirmed CR + PR (n, %)	12 (16.7)	16 (23.5)
Number of Subjects Censored (n, %)	60 (83.3)	52 (76.5)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	9.0	4.5
Median (95% CI)*	-	10.77 (6.53, -)
Q3	-	-
Mean	3.86	4.54
Std Dev	4.545	4.640
Median	2.63	3.08
Minimum	0.0	0.0
Maximum	27.9	33.7
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.12 (0.52, 2.38)
Log rank p-value		0.9652

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Disease Stage

Disease Stage = IB/II

	Vorinostat N=72	KW-0761 N=68
Nodal	N'= 54	N'= 55
Number of Subjects with Confirmed CR + PR (n, %)	2 (3.7)	2 (3.6)
Number of Subjects Censored (n, %)	52 (96.3)	53 (96.4)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	4.83	5.90
Std Dev	6.369	5.971
Median	2.88	4.67
Minimum	0.7	0.9
Maximum	33.0	31.8
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)	0.86 (0.12, 6.21)	
Log rank p-value	0.8023	

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Disease Stage

Disease Stage = IB/II

	Vorinostat N=72	KW-0761 N=68
Visceral	N'= 9	N'= 5
Number of Subjects Censored (n, %)	9 (100.0)	5 (100.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	1.41	5.08
Std Dev	1.741	4.515
Median	0.43	5.63
Minimum	0.0	0.0
Maximum	4.7	10.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		. (. , .)
Log rank p-value		.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Disease Stage

Disease Stage = III/IV

	Vorinostat N=114	KW-0761 N=118
Blood	N'=103	N'=108
Number of Subjects with Confirmed CR + PR (n, %)	12 (11.7)	65 (60.2)
Number of Subjects Censored (n, %)	91 (88.3)	43 (39.8)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	15.5	1.0
Median (95% CI)*	22.67 (15.50, -)	1.10 (1.07, 1.20)
Q3	-	2.3
Mean	3.61	1.96
Std Dev	4.475	4.087
Median	1.97	1.03
Minimum	0.0	0.0
Maximum	25.2	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		10.14 (5.43,18.91)
Log rank p-value		<.0001

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Disease Stage

Disease Stage = III/IV

	Vorinostat N=114	KW-0761 N=118
Skin	N'=114	N'=118
Number of Subjects with Confirmed CR + PR (n, %)	15 (13.2)	57 (48.3)
Number of Subjects Censored (n, %)	99 (86.8)	61 (51.7)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	7.6	2.9
Median (95% CI)*	22.43 (-)	6.33 (3.93, 8.20)
Q3	22.4	13.2
Mean	4.06	4.70
Std Dev	3.493	4.799
Median	2.85	3.03
Minimum	0.0	0.0
Maximum	22.4	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		3.26 (1.84, 5.78)
Log rank p-value		<.0001

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Disease Stage

Disease Stage = III/IV

	Vorinostat N=114	KW-0761 N=118
Nodal	N'= 99	N'=103
Number of Subjects with Confirmed CR + PR (n, %)	4 (4.0)	13 (12.6)
Number of Subjects Censored (n, %)	95 (96.0)	90 (87.4)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	24.5	-
Median (95% CI)*	24.53 (-)	-
Q3	24.5	-
Mean	4.53	7.80
Std Dev	4.919	6.731
Median	2.87	6.60
Minimum	0.0	0.0
Maximum	24.5	33.5
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.84 (0.59, 5.73)
Log rank p-value		0.4044

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Disease Stage

Disease Stage = III/IV

	Vorinostat N=114	KW-0761 N=118
Visceral	N'= 4	N'= 7
Number of Subjects with Confirmed CR + PR (n, %)	0	1 (14.3)
Number of Subjects Censored (n, %)	4 (100.0)	6 (85.7)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	1.04	2.20
Std Dev	0.874	1.320
Median	0.98	1.63
Minimum	0.0	1.0
Maximum	2.2	4.6
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		363E5*** (0.00, .
Log rank p-value		0.5930

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Blood Involvement

Blood Involvement = Y

	Vorinostat N=122	KW-0761 N=123
Blood	N'=122	N'=123
Number of Subjects with Confirmed CR + PR (n, %)	22 (18.0)	83 (67.5)
Number of Subjects Censored (n, %)	100 (82.0)	40 (32.5)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	4.7	1.0
Median (95% CI)*	-	1.10 (1.07, 1.20)
Q3	-	1.9
Mean	3.22	2.17
Std Dev	4.088	4.062
Median	1.93	1.07
Minimum	0.0	0.0
Maximum	25.2	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		7.02 (4.34,11.37)
Log rank p-value		<.0001

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Blood Involvement

Blood Involvement = Y

	Vorinostat N=122	KW-0761 N=123
Skin	N'=122	N'=123
Number of Subjects with Confirmed CR + PR (n, %)	18 (14.8)	63 (51.2)
Number of Subjects Censored (n, %)	104 (85.2)	60 (48.8)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	5.9	2.9
Median (95% CI)*	22.43 (6.57,22.43)	4.73 (3.83, 7.00)
Q3	22.4	12.4
Mean	3.33	4.47
Std Dev	3.297	4.437
Median	2.18	3.00
Minimum	0.0	0.0
Maximum	22.4	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.52 (1.48, 4.28)
Log rank p-value		0.0003

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Blood Involvement

Blood Involvement = Y

	Vorinostat N=122	KW-0761 N=123
Nodal	N'= 93	N'= 96
Number of Subjects with Confirmed CR + PR (n, %)	3 (3.2)	17 (17.7)
Number of Subjects Censored (n, %)	90 (96.8)	79 (82.3)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	10.7
Median (95% CI)*	-	-
Q3	-	-
Mean	4.00	7.48
Std Dev	5.052	6.553
Median	2.63	6.58
Minimum	0.0	0.0
Maximum	28.7	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.84 (0.82, 9.85)
Log rank p-value		0.1597

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Blood Involvement

Blood Involvement = Y

	Vorinostat N=122	KW-0761 N=123
Visceral	N'= 2	N'= 6
Number of Subjects Censored (n, %)	2 (100.0)	6 (100.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	1.55	4.34
Std Dev	0.542	4.873
Median	1.55	2.08
Minimum	1.2	0.0
Maximum	1.9	11.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		. (. , .)
Log rank p-value		.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Blood Involvement

Blood Involvement = N

	Vorinostat N=62	KW-0761 N=63
Blood	N'= 3	N'= 1
Number of Subjects with Confirmed CR + PR (n, %)	1 (33.3)	0
Number of Subjects Censored (n, %)	2 (66.7)	1 (100.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	1.0	-
Median (95% CI)*	-	-
Q3	-	-
Mean	3.22	5.97
Std Dev	3.133	.
Median	1.90	5.97
Minimum	1.0	6.0
Maximum	6.8	6.0
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.00 (0.00, .)
Log rank p-value		.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Blood Involvement

Blood Involvement = N

	Vorinostat N=62	KW-0761 N=63
Skin	N'= 62	N'= 63
Number of Subjects with Confirmed CR + PR (n, %)	11 (17.7)	15 (23.8)
Number of Subjects Censored (n, %)	51 (82.3)	48 (76.2)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	9.0	3.2
Median (95% CI)*	11.43 (9.03, -)	26.67 (9.07,26.67)
Q3	-	26.7
Mean	3.87	4.19
Std Dev	4.251	4.627
Median	2.72	2.83
Minimum	0.0	0.0
Maximum	27.9	26.7
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.13 (0.52, 2.47)
Log rank p-value		0.9930

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Blood Involvement

Blood Involvement = N

	Vorinostat N=62	KW-0761 N=63
Nodal	N'= 38	N'= 40
Number of Subjects with Confirmed CR + PR (n, %)	2 (5.3)	4 (10.0)
Number of Subjects Censored (n, %)	36 (94.7)	36 (90.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	5.36	4.33
Std Dev	6.893	4.233
Median	2.97	3.13
Minimum	0.0	0.0
Maximum	33.0	20.1
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.25 (0.37,13.82)
Log rank p-value		0.3231

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Blood Involvement

Blood Involvement = N

	Vorinostat N=62	KW-0761 N=63
Visceral	N'= 2	N'= 0
Number of Subjects Censored (n, %)	2 (100.0)	0
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	1.55	.
Std Dev	1.579	.
Median	1.55	.
Minimum	0.4	.
Maximum	2.7	.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Blood Involvement

Blood Involvement = Y

	Vorinostat N=122	KW-0761 N=123
Blood	N'=122	N'=123
Number of Subjects with Confirmed CR + PR (n, %)	17 (13.9)	70 (56.9)
Number of Subjects Censored (n, %)	105 (86.1)	53 (43.1)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	9.4	1.0
Median (95% CI)*	22.67 (9.37, -)	1.10 (1.07, 1.20)
Q3	-	2.3
Mean	3.20	2.02
Std Dev	4.243	4.276
Median	1.93	1.03
Minimum	0.0	0.0
Maximum	25.2	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		7.65 (4.46,13.14)
Log rank p-value		<.0001

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Blood Involvement

Blood Involvement = Y

	Vorinostat N=122	KW-0761 N=123
Skin	N'=122	N'=123
Number of Subjects with Confirmed CR + PR (n, %)	17 (13.9)	60 (48.8)
Number of Subjects Censored (n, %)	105 (86.1)	63 (51.2)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	7.5	3.1
Median (95% CI)*	22.43 (7.57, -)	6.33 (4.27, 7.73)
Q3	-	13.2
Mean	3.88	4.84
Std Dev	3.772	4.756
Median	2.75	3.07
Minimum	0.0	0.0
Maximum	22.4	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.76 (1.60, 4.77)
Log rank p-value		0.0003

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Blood Involvement

Blood Involvement = Y

	Vorinostat N=122	KW-0761 N=123
Nodal	N'=106	N'=107
Number of Subjects with Confirmed CR + PR (n, %)	3 (2.8)	11 (10.3)
Number of Subjects Censored (n, %)	103 (97.2)	96 (89.7)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	24.5	-
Median (95% CI)*	24.53 (-)	-
Q3	24.5	-
Mean	4.42	8.23
Std Dev	5.184	6.745
Median	2.80	6.77
Minimum	0.0	0.0
Maximum	24.5	33.5
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.88 (0.51, 6.90)
Log rank p-value		0.4378

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Blood Involvement

Blood Involvement = Y

	Vorinostat N=122	KW-0761 N=123
Visceral	N'= 4	N'= 10
Number of Subjects Censored (n, %)	4 (100.0)	10 (100.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	1.17	2.95
Std Dev	0.899	2.588
Median	1.25	2.22
Minimum	0.0	0.0
Maximum	2.2	8.4
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		. (. , .)
Log rank p-value		.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Blood Involvement

Blood Involvement = N

	Vorinostat N=62	KW-0761 N=63
Blood	N'= 11	N'= 7
Number of Subjects with Confirmed CR + PR (n, %)	6 (54.5)	7 (100.0)
Number of Subjects Censored (n, %)	5 (45.5)	0
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	1.0	1.0
Median (95% CI)*	2.10 (0.97, -)	1.40 (0.97, 2.87)
Q3	-	2.9
Mean	2.31	1.73
Std Dev	1.779	0.949
Median	1.93	1.40
Minimum	0.9	1.0
Maximum	6.6	3.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.54 (0.49, 4.85)
Log rank p-value		0.8883

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Blood Involvement

Blood Involvement = N

	Vorinostat N=62	KW-0761 N=63
Skin	N'= 62	N'= 63
Number of Subjects with Confirmed CR + PR (n, %)	10 (16.1)	13 (20.6)
Number of Subjects Censored (n, %)	52 (83.9)	50 (79.4)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	9.0	6.5
Median (95% CI)*	-	10.77 (9.07, -)
Q3	-	-
Mean	4.27	4.25
Std Dev	4.257	4.690
Median	2.98	2.90
Minimum	0.0	0.0
Maximum	27.9	33.7
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.16 (0.51, 2.67)
Log rank p-value		0.9035

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Blood Involvement

Blood Involvement = N

	Vorinostat N=62	KW-0761 N=63
Nodal	N'= 47	N'= 51
Number of Subjects with Confirmed CR + PR (n, %)	3 (6.4)	4 (7.8)
Number of Subjects Censored (n, %)	44 (93.6)	47 (92.2)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	5.13	4.85
Std Dev	6.053	5.403
Median	3.10	3.30
Minimum	0.7	0.9
Maximum	33.0	31.8
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.28 (0.27, 6.11)
Log rank p-value		0.8262

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Blood Involvement

Blood Involvement = N

	Vorinostat N=62	KW-0761 N=63
Visceral	N'= 8	N'= 2
Number of Subjects with Confirmed CR + PR (n, %)	0	1 (50.0)
Number of Subjects Censored (n, %)	8 (100.0)	1 (50.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	1.0
Median (95% CI)*	-	-
Q3	-	-
Mean	1.40	5.67
Std Dev	1.860	6.600
Median	0.23	5.67
Minimum	0.0	1.0
Maximum	4.7	10.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		354E6*** (0.00, .
Log rank p-value		0.2207

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = US

	Vorinostat N=103	KW-0761 N=98
Blood	N'= 75	N'= 74
Number of Subjects with Confirmed CR + PR (n, %)	9 (12.0)	48 (64.9)
Number of Subjects Censored (n, %)	66 (88.0)	26 (35.1)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	4.7	1.0
Median (95% CI)*	-	1.13 (1.10, 1.30)
Q3	-	1.9
Mean	3.32	1.98
Std Dev	3.973	3.624
Median	2.03	1.10
Minimum	0.0	0.0
Maximum	23.9	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		10.34 (5.02,21.29)
Log rank p-value		<.0001

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = US

	Vorinostat N=103	KW-0761 N=98
Skin	N'=103	N'= 98
Number of Subjects with Confirmed CR + PR (n, %)	12 (11.7)	45 (45.9)
Number of Subjects Censored (n, %)	91 (88.3)	53 (54.1)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	7.6	2.9
Median (95% CI)*	-	6.73 (3.70, 8.20)
Q3	-	13.2
Mean	3.11	4.34
Std Dev	2.779	4.836
Median	2.17	2.85
Minimum	0.0	0.0
Maximum	17.8	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.92 (1.53, 5.58)
Log rank p-value		0.0007

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = US

	Vorinostat N=103	KW-0761 N=98
Nodal	N'= 73	N'= 76
Number of Subjects with Confirmed CR + PR (n, %)	4 (5.5)	13 (17.1)
Number of Subjects Censored (n, %)	69 (94.5)	63 (82.9)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	10.7
Median (95% CI)*	-	-
Q3	-	-
Mean	3.92	6.25
Std Dev	5.728	6.239
Median	2.57	4.28
Minimum	0.0	0.0
Maximum	33.0	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.98 (0.63, 6.19)
Log rank p-value		0.3078

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = US

	Vorinostat N=103	KW-0761 N=98
Visceral	N'= 0	N'= 5
Number of Subjects Censored (n, %)	0	5 (100.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	.	2.95
Std Dev	.	3.894
Median	.	0.97
Minimum	.	0.0
Maximum	.	9.6

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = Europe

	Vorinostat N=70	KW-0761 N=70
Blood	N'= 45	N'= 39
Number of Subjects with Confirmed CR + PR (n, %)	13 (28.9)	29 (74.4)
Number of Subjects Censored (n, %)	32 (71.1)	10 (25.6)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	1.9	1.0
Median (95% CI)*	-	1.07 (1.00, 1.13)
Q3	-	1.7
Mean	3.13	1.96
Std Dev	4.376	3.601
Median	1.90	1.03
Minimum	0.0	0.0
Maximum	25.2	22.0
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		4.32 (2.20, 8.48)
Log rank p-value		<.0001

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = Europe

	Vorinostat N=70	KW-0761 N=70
Skin	N'= 70	N'= 70
Number of Subjects with Confirmed CR + PR (n, %)	15 (21.4)	26 (37.1)
Number of Subjects Censored (n, %)	55 (78.6)	44 (62.9)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	5.6	3.0
Median (95% CI)*	9.03 (5.63, -)	4.73 (3.83, -)
Q3	22.4	-
Mean	3.94	4.51
Std Dev	4.528	4.442
Median	2.83	2.93
Minimum	0.0	0.0
Maximum	27.9	22.9
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.52 (0.80, 2.89)
Log rank p-value		0.1987

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = Europe

	Vorinostat N=70	KW-0761 N=70
Nodal	N'= 49	N'= 52
Number of Subjects with Confirmed CR + PR (n, %)	1 (2.0)	6 (11.5)
Number of Subjects Censored (n, %)	48 (98.0)	46 (88.5)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	4.86	6.91
Std Dev	5.785	6.106
Median	2.87	5.07
Minimum	0.0	0.0
Maximum	26.5	23.4
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.83 (0.33,24.22)
Log rank p-value		0.3093

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = Europe

	Vorinostat N=70	KW-0761 N=70
Visceral	N'= 3	N'= 0
Number of Subjects Censored (n, %)	3 (100.0)	0
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	1.92	.
Std Dev	0.750	.
Median	1.93	.
Minimum	1.2	.
Maximum	2.7	.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = Japan

	Vorinostat N=6	KW-0761 N=9
Blood	N'= 1	N'= 5
Number of Subjects with Confirmed CR + PR (n, %)	0	2 (40.0)
Number of Subjects Censored (n, %)	1 (100.0)	3 (60.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	1.2
Median (95% CI)*	-	1.37 (1.20, -)
Q3	-	-
Mean	6.80	4.49
Std Dev	.	8.598
Median	6.80	1.20
Minimum	6.8	0.0
Maximum	6.8	19.8
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		. (. , .)
Log rank p-value		0.3173

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = Japan

	Vorinostat N=6	KW-0761 N=9
Skin	N'= 6	N'= 9
Number of Subjects with Confirmed CR + PR (n, %)	2 (33.3)	5 (55.6)
Number of Subjects Censored (n, %)	4 (66.7)	4 (44.4)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	11.4	3.1
Median (95% CI)*	11.43 (1.23,11.43)	4.47 (2.37, 5.60)
Q3	11.4	5.6
Mean	4.82	3.01
Std Dev	3.929	1.945
Median	3.03	3.17
Minimum	1.2	0.0
Maximum	11.4	5.6
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		6.01 (0.43,83.40)
Log rank p-value		0.3575

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = Japan

	Vorinostat N=6	KW-0761 N=9
Nodal	N'= 5	N'= 3
Number of Subjects with Confirmed CR + PR (n, %)	0	2 (66.7)
Number of Subjects Censored (n, %)	5 (100.0)	1 (33.3)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	1.4
Median (95% CI)*	-	4.08 (1.40, 6.77)
Q3	-	6.8
Mean	5.88	2.90
Std Dev	4.182	3.377
Median	3.10	1.40
Minimum	3.0	0.5
Maximum	12.4	6.8
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		. (. , .)
Log rank p-value		0.0423

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = Japan

	Vorinostat N=6	KW-0761 N=9
Visceral	N'= 0	N'= 1
Number of Subjects Censored (n, %)	0	1 (100.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	.	11.30
Std Dev	.	.
Median	.	11.30
Minimum	.	11.3
Maximum	.	11.3

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = Australia

	Vorinostat N=7	KW-0761 N=9
Blood	N'= 4	N'= 6
Number of Subjects with Confirmed CR + PR (n, %)	1 (25.0)	4 (66.7)
Number of Subjects Censored (n, %)	3 (75.0)	2 (33.3)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	1.1	1.0
Median (95% CI)*	-	1.48 (0.97, -)
Q3	-	-
Mean	1.36	4.54
Std Dev	1.037	6.554
Median	1.52	1.48
Minimum	0.0	1.0
Maximum	2.4	17.6
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.31 (0.08,21.08)
Log rank p-value		0.8864

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = Australia

	Vorinostat N=7	KW-0761 N=9
Skin	N'= 7	N'= 9
Number of Subjects with Confirmed CR + PR (n, %)	0	2 (22.2)
Number of Subjects Censored (n, %)	7 (100.0)	7 (77.8)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	7.3
Median (95% CI)*	-	-
Q3	-	-
Mean	3.46	5.13
Std Dev	4.461	2.466
Median	1.97	4.27
Minimum	0.0	2.1
Maximum	12.2	9.6
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		13E16*** (0.00, .
Log rank p-value		0.4795

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = Australia

	Vorinostat N=7	KW-0761 N=9
Nodal	N'= 6	N'= 5
Number of Subjects Censored (n, %)	6 (100.0)	5 (100.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	3.90	9.69
Std Dev	4.660	5.302
Median	1.62	8.67
Minimum	0.4	3.3
Maximum	12.2	16.6
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		. (. , .)
Log rank p-value		.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Investigator's Assessment Intent-to-treat Set
by Region

Region = Australia

	Vorinostat N=7	KW-0761 N=9
Visceral	N'= 1	N'= 0
Number of Subjects Censored (n, %)	1 (100.0)	0
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	0.43	.
Std Dev	.	.
Median	0.43	.
Minimum	0.4	.
Maximum	0.4	.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Region

Region = US

	Vorinostat N=103	KW-0761 N=98
Blood	N'= 79	N'= 76
Number of Subjects with Confirmed CR + PR (n, %)	8 (10.1)	46 (60.5)
Number of Subjects Censored (n, %)	71 (89.9)	30 (39.5)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	15.5	1.0
Median (95% CI)*	22.67 (15.50,22.67)	1.10 (1.10, 1.37)
Q3	22.7	3.3
Mean	3.25	1.97
Std Dev	4.272	4.135
Median	1.97	1.07
Minimum	0.0	0.0
Maximum	22.7	29.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		9.32 (4.37,19.88)
Log rank p-value		<.0001

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Region

Region = US

	Vorinostat N=103	KW-0761 N=98
Skin	N'=103	N'= 98
Number of Subjects with Confirmed CR + PR (n, %)	14 (13.6)	41 (41.8)
Number of Subjects Censored (n, %)	89 (86.4)	57 (58.2)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	7.6	3.0
Median (95% CI)*	-	7.63 (5.10,12.40)
Q3	-	13.2
Mean	3.49	4.88
Std Dev	2.795	5.532
Median	2.67	2.90
Minimum	0.0	0.0
Maximum	17.8	33.7
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.31 (1.24, 4.29)
Log rank p-value		0.0076

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Region

Region = US

	Vorinostat N=103	KW-0761 N=98
Nodal	N'= 81	N'= 85
Number of Subjects with Confirmed CR + PR (n, %)	5 (6.2)	6 (7.1)
Number of Subjects Censored (n, %)	76 (93.8)	79 (92.9)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	24.5	-
Median (95% CI)*	24.53 (24.53, -)	-
Q3	-	-
Mean	4.31	7.94
Std Dev	5.464	7.358
Median	2.90	5.67
Minimum	0.7	0.8
Maximum	33.0	33.5
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)	0.56 (0.16, 1.93)	
Log rank p-value	0.3181	

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Region

Region = US

	Vorinostat N=103	KW-0761 N=98
Visceral	N'= 6	N'= 7
Number of Subjects Censored (n, %)	6 (100.0)	7 (100.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	1.28	2.98
Std Dev	1.183	2.726
Median	1.23	1.63
Minimum	0.0	1.0
Maximum	3.0	8.4
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		. (. , .)
Log rank p-value		.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Region

Region = Europe

	Vorinostat N=70	KW-0761 N=70
Blood	N'= 47	N'= 41
Number of Subjects with Confirmed CR + PR (n, %)	13 (27.7)	24 (58.5)
Number of Subjects Censored (n, %)	34 (72.3)	17 (41.5)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	2.1	1.0
Median (95% CI)*	9.37 (2.87, -)	1.07 (1.00, 1.13)
Q3	-	2.1
Mean	3.05	1.86
Std Dev	4.074	3.784
Median	1.90	1.00
Minimum	0.0	0.0
Maximum	25.2	22.0
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		4.20 (2.12, 8.32)
Log rank p-value		<.0001

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Region

Region = Europe

	Vorinostat N=70	KW-0761 N=70
Skin	N'= 70	N'= 70
Number of Subjects with Confirmed CR + PR (n, %)	12 (17.1)	25 (35.7)
Number of Subjects Censored (n, %)	58 (82.9)	45 (64.3)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	7.5	3.8
Median (95% CI)*	22.43 (7.53, -)	6.60 (3.97, -)
Q3	-	-
Mean	4.63	4.46
Std Dev	5.032	3.928
Median	2.88	3.18
Minimum	0.0	0.0
Maximum	27.9	22.0
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.11 (1.04, 4.31)
Log rank p-value		0.0449

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Region

Region = Europe

	Vorinostat N=70	KW-0761 N=70
Nodal	N'= 61	N'= 59
Number of Subjects with Confirmed CR + PR (n, %)	1 (1.6)	8 (13.6)
Number of Subjects Censored (n, %)	60 (98.4)	51 (86.4)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	5.02	5.81
Std Dev	5.682	5.015
Median	2.83	4.70
Minimum	0.0	0.0
Maximum	26.5	21.7
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		6.33 (0.78,51.17)
Log rank p-value		0.0952

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Region

Region = Europe

	Vorinostat N=70	KW-0761 N=70
Visceral	N'= 4	N'= 4
Number of Subjects with Confirmed CR + PR (n, %)	0	1 (25.0)
Number of Subjects Censored (n, %)	4 (100.0)	3 (75.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	1.0
Median (95% CI)*	-	-
Q3	-	-
Mean	1.92	3.58
Std Dev	2.304	4.664
Median	1.45	1.97
Minimum	0.0	0.0
Maximum	4.7	10.3
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		155E6*** (0.00, .
Log rank p-value		0.4142

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Region

Region = Japan

	Vorinostat N=6	KW-0761 N=9
Blood	N'= 2	N'= 7
Number of Subjects with Confirmed CR + PR (n, %)	1 (50.0)	3 (42.9)
Number of Subjects Censored (n, %)	1 (50.0)	4 (57.1)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	2.1	1.4
Median (95% CI)*	-	1.42 (1.37, -)
Q3	-	-
Mean	2.23	3.59
Std Dev	0.189	7.622
Median	2.23	1.37
Minimum	2.1	0.0
Maximum	2.4	20.8
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.27 (0.19,26.54)
Log rank p-value		0.5019

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Region

Region = Japan

	Vorinostat N=6	KW-0761 N=9
Skin	N'= 6	N'= 9
Number of Subjects with Confirmed CR + PR (n, %)	1 (16.7)	5 (55.6)
Number of Subjects Censored (n, %)	5 (83.3)	4 (44.4)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	3.1
Median (95% CI)*	-	4.47 (2.37, 5.60)
Q3	-	5.6
Mean	5.06	3.01
Std Dev	4.318	1.945
Median	3.03	3.17
Minimum	1.2	0.0
Maximum	12.4	5.6
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		6.01 (0.43,83.40)
Log rank p-value		0.3575

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Region

Region = Japan

	Vorinostat N=6	KW-0761 N=9
Nodal	N'= 6	N'= 7
Number of Subjects with Confirmed CR + PR (n, %)	0	1 (14.3)
Number of Subjects Censored (n, %)	6 (100.0)	6 (85.7)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	5.14	8.09
Std Dev	4.152	7.266
Median	3.10	7.00
Minimum	1.5	0.5
Maximum	12.4	20.8
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		342E6*** (0.00, .
Log rank p-value		0.2636

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Region

Region = Japan

	Vorinostat N=6	KW-0761 N=9
Visceral	N'= 1	N'= 1
Number of Subjects Censored (n, %)	1 (100.0)	1 (100.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	0.03	5.63
Std Dev	.	.
Median	0.03	5.63
Minimum	0.0	5.6
Maximum	0.0	5.6
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		. (. , .)
Log rank p-value		.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Region

Region = Australia

	Vorinostat N=7	KW-0761 N=9
Blood	N'= 5	N'= 6
Number of Subjects with Confirmed CR + PR (n, %)	1 (20.0)	4 (66.7)
Number of Subjects Censored (n, %)	4 (80.0)	2 (33.3)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	1.0
Median (95% CI)*	-	1.03 (0.97, -)
Q3	-	1.9
Mean	2.40	1.62
Std Dev	2.496	1.626
Median	1.97	1.03
Minimum	0.0	0.0
Maximum	6.6	4.7
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		4.73 (0.32,70.56)
Log rank p-value		0.4855

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Region

Region = Australia

	Vorinostat N=7	KW-0761 N=9
Skin	N'= 7	N'= 9
Number of Subjects with Confirmed CR + PR (n, %)	0	2 (22.2)
Number of Subjects Censored (n, %)	7 (100.0)	7 (77.8)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	7.3
Median (95% CI)*	-	-
Q3	-	-
Mean	3.95	5.03
Std Dev	4.962	2.271
Median	1.97	4.27
Minimum	0.0	2.1
Maximum	13.8	8.7
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		13E16*** (0.00, .
Log rank p-value		0.4795

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Region

Region = Australia

	Vorinostat N=7	KW-0761 N=9
Nodal	N'= 5	N'= 7
Number of Subjects Censored (n, %)	5 (100.0)	7 (100.0)
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	4.61	7.74
Std Dev	4.837	5.571
Median	2.20	6.57
Minimum	1.0	1.0
Maximum	12.2	16.6
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		. (. , .)
Log rank p-value		.

Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Compartment Response During Randomized Period
Based on Independent Review Intent-to-treat Set
by Region

Region = Australia

	Vorinostat N=7	KW-0761 N=9
Visceral	N'= 2	N'= 0
Number of Subjects Censored (n, %)	2 (100.0)	0
Time to Confirmed CR + PR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
Mean	0.72	.
Std Dev	0.401	.
Median	0.72	.
Minimum	0.4	.
Maximum	1.0	.

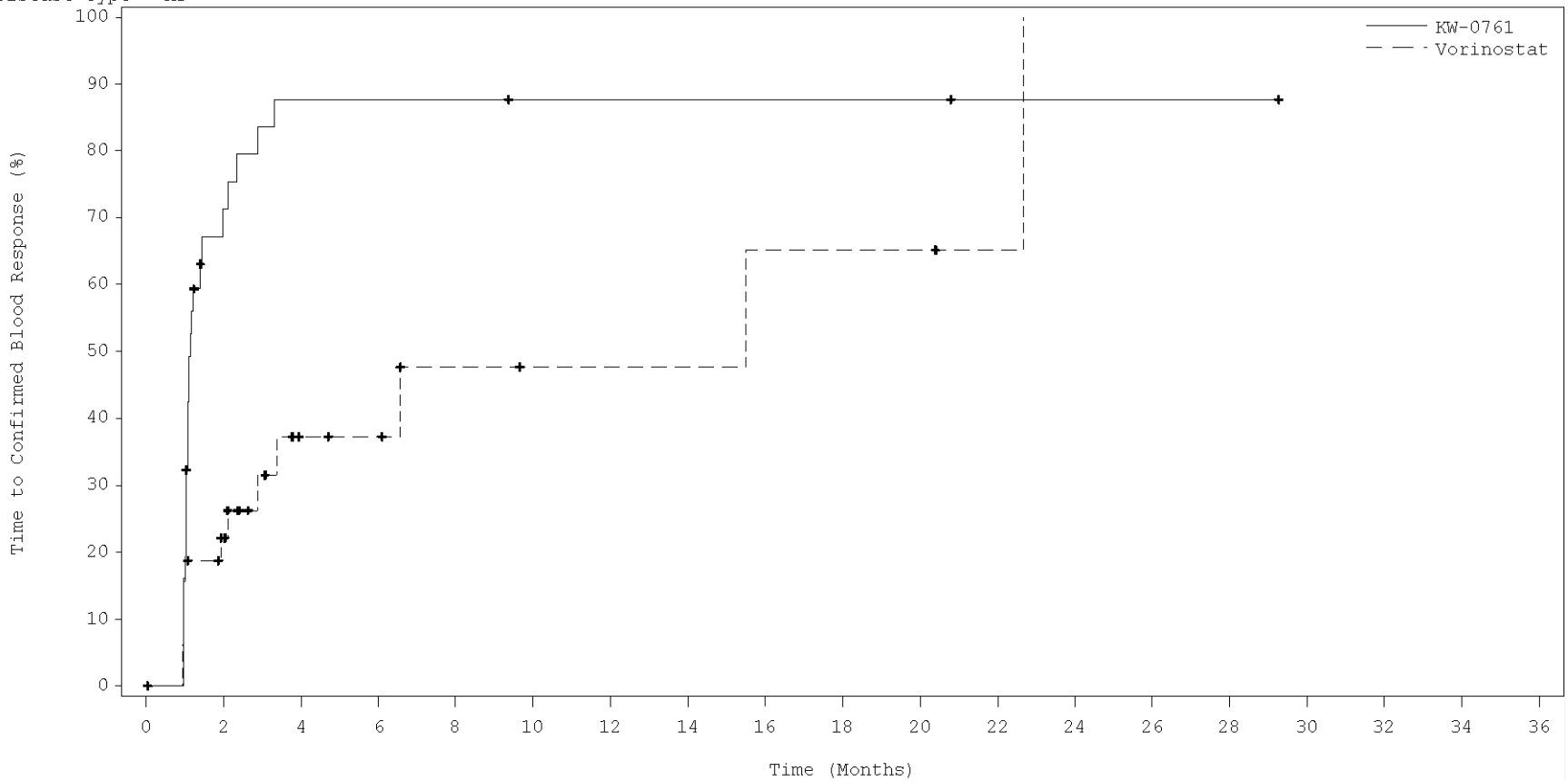
Note: Percentage is calculated using N' as the denominator, where N' is the number of subjects with the specified disease compartment (had current disease in the specified compartment at baseline, or had any post-baseline response assessment [excluding NAs] in the specified compartment).
Time to confirmed compartment response (TTRC) is defined as the duration from the randomized date to the date of confirmed response in the specified compartment. For subjects who did not have confirmed response in the specified compartment, they are censored at the last post-baseline tumor assessment for that compartment. For subjects who have neither confirmed response nor post-baseline tumor assessment in the specified compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Blood, Nodal, Skin: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test with disease type, disease stage, and region as stratification factors.
Visceral: Hazard ratio and 95% CI for are based on Cox proportional hazards model with treatment as a covariate. P-value (two-sided) is obtained from a log rank test with treatment as a factor.
*** If the hazard ratio is very large, it is due to small sample size.

Kyowa Kirin Pharmaceutical Development, Inc. Date: 03OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to Confirmed Compartment Response (TTRC) During Randomized Period
Based on Independent Review
by Disease Type

Disease Type = MF



No. Responded Blood:																			
KW:	0	21	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25
VOR:	0	7	10	10	11	11	11	11	12	12	12	12	13	13	13	13	13	13	13

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

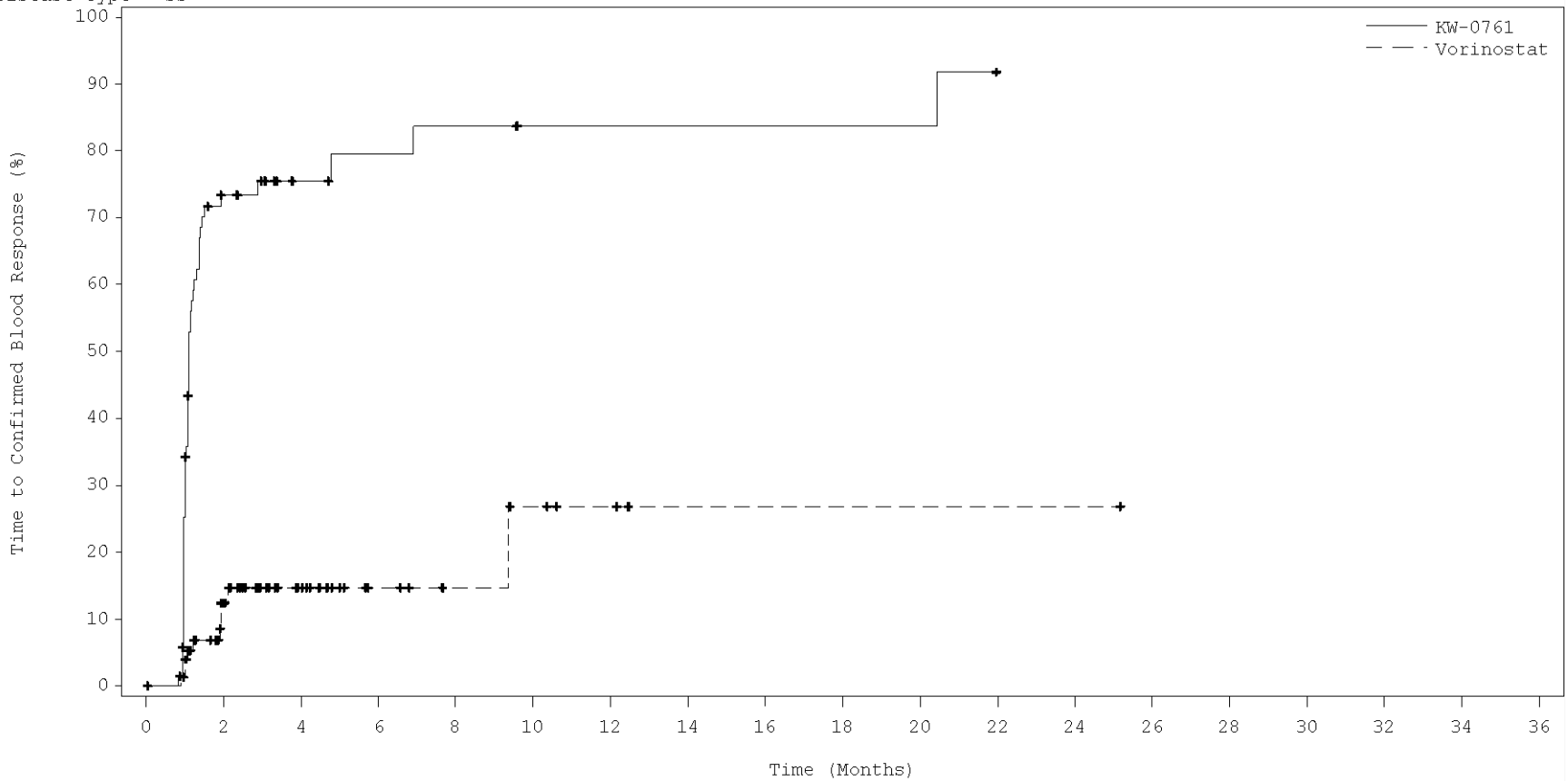
Data source: adsl.sas7bdat adttrc.sas7bdat Program source: f_ttrc_subgrp.sas Data cut-off date: 31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 03OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to Confirmed Compartment Response (TTRC) During Randomized Period
Based on Independent Review
by Disease Type

Disease Type = SS



No. Responded Blood:																			
KW:	0	48	49	50	51	51	51	51	51	51	51	52	52	52	52	52	52	52	52
VOR:	0	8	9	9	9	10	10	10	10	10	10	10	10	10	10	10	10	10	10

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

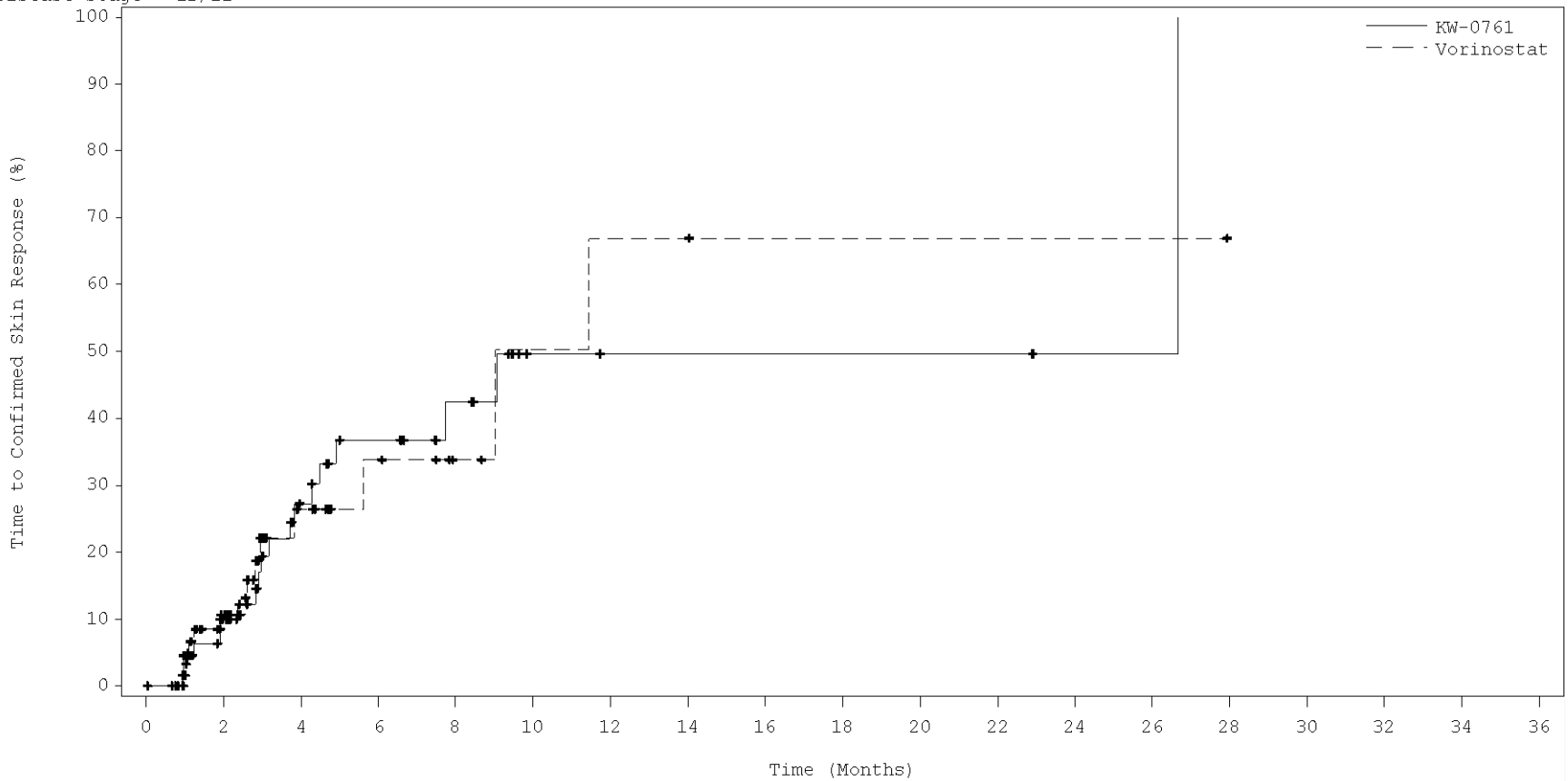
Data source: adsl.sas7bdat adttrc.sas7bdat Program source: f_ttrc_subgrp.sas Data cut-off date: 31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 03OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to Confirmed Compartment Response (TTRC) During Randomized Period
Based on Investigator's Assessment
by Disease Stage

Disease Stage = IB/II



No. Responded Skin:																			
KW:	0	6	13	16	17	18	18	18	18	18	18	18	18	18	19	19	19	19	19
VOR:	0	6	11	12	12	13	14	14	14	14	14	14	14	14	14	14	14	14	14

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

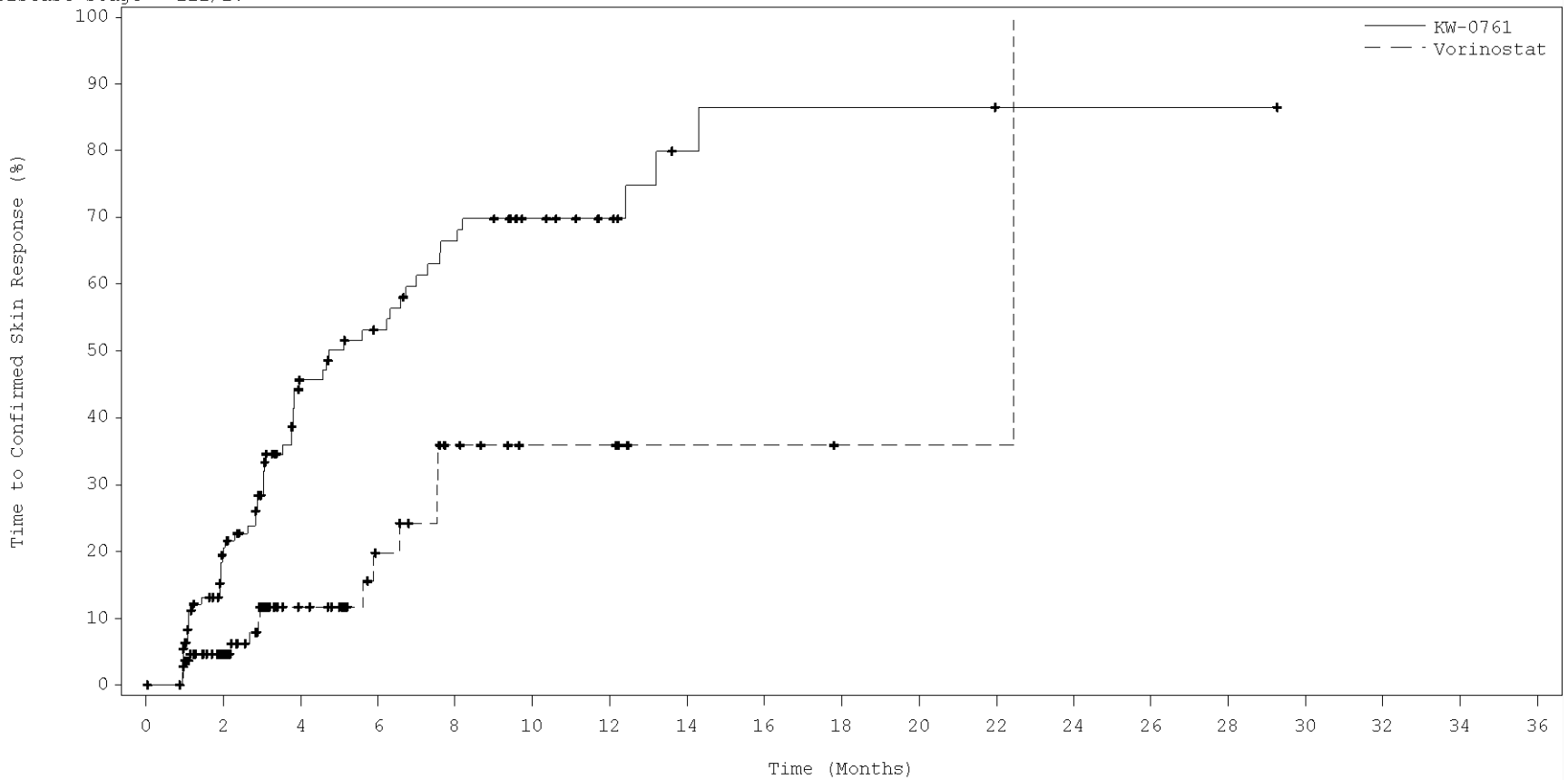
Data source: adsl.sas7bdat adttrc.sas7bdat Program source: f_ttrc_subgrp.sas Data cut-off date: 31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 03OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to Confirmed Compartment Response (TTRC) During Randomized Period
Based on Investigator's Assessment
by Disease Stage

Disease Stage = III/IV



No. Responded Skin:																			
KW:	0	21	41	46	54	56	56	58	59	59	59	59	59	59	59	59	59	59	59
VOR:	0	5	9	11	14	14	14	14	14	14	14	14	15	15	15	15	15	15	15

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

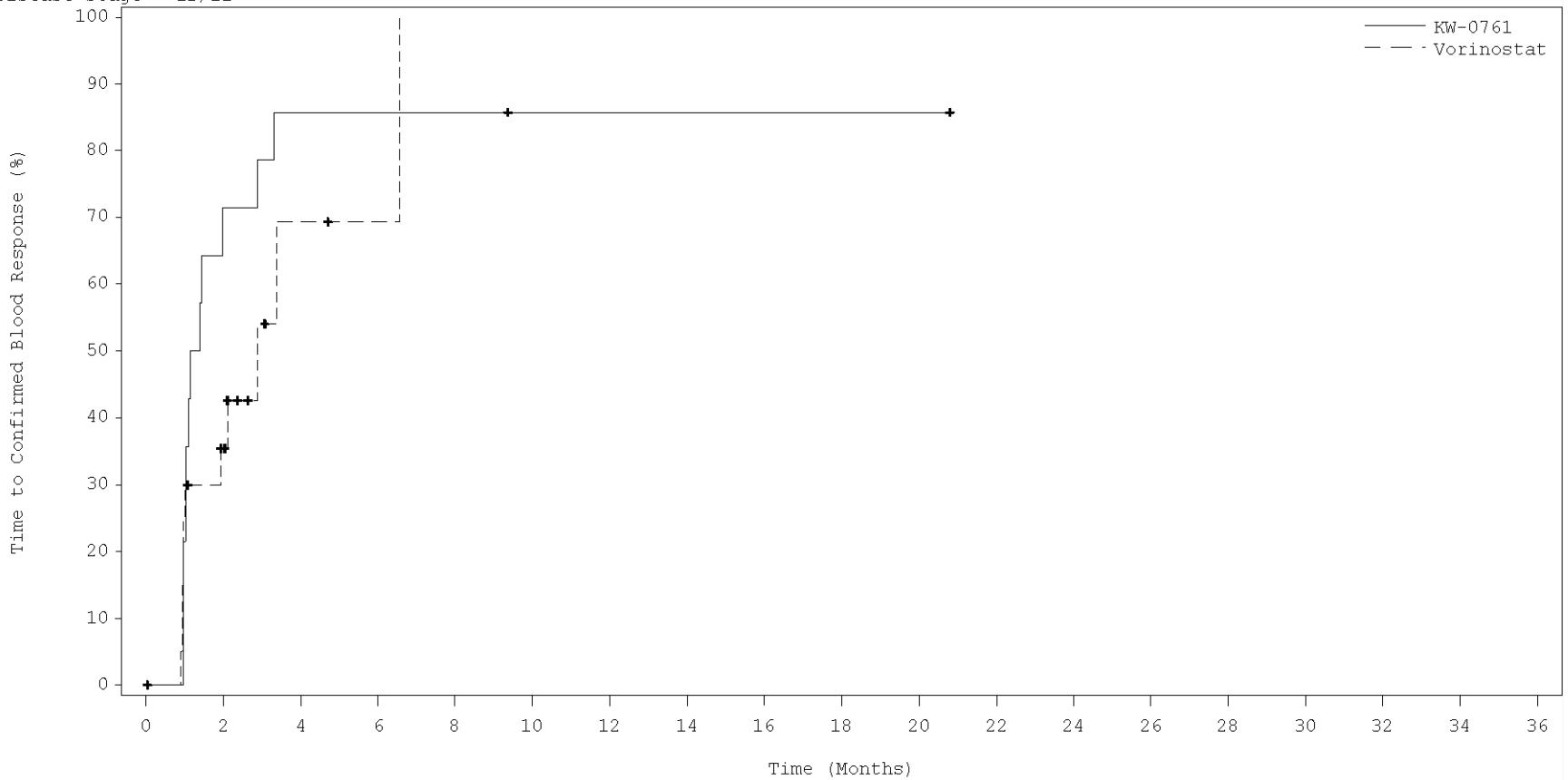
Data source: adsl.sas7bdat adttrc.sas7bdat Program source: f_ttrc_subgrp.sas Data cut-off date: 31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 03OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to Confirmed Compartment Response (TTRC) During Randomized Period
Based on Independent Review
by Disease Stage

Disease Stage = IB/II



No. Responded Blood:																			
KW:	0	10	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12	12
VOR:	0	7	10	10	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11

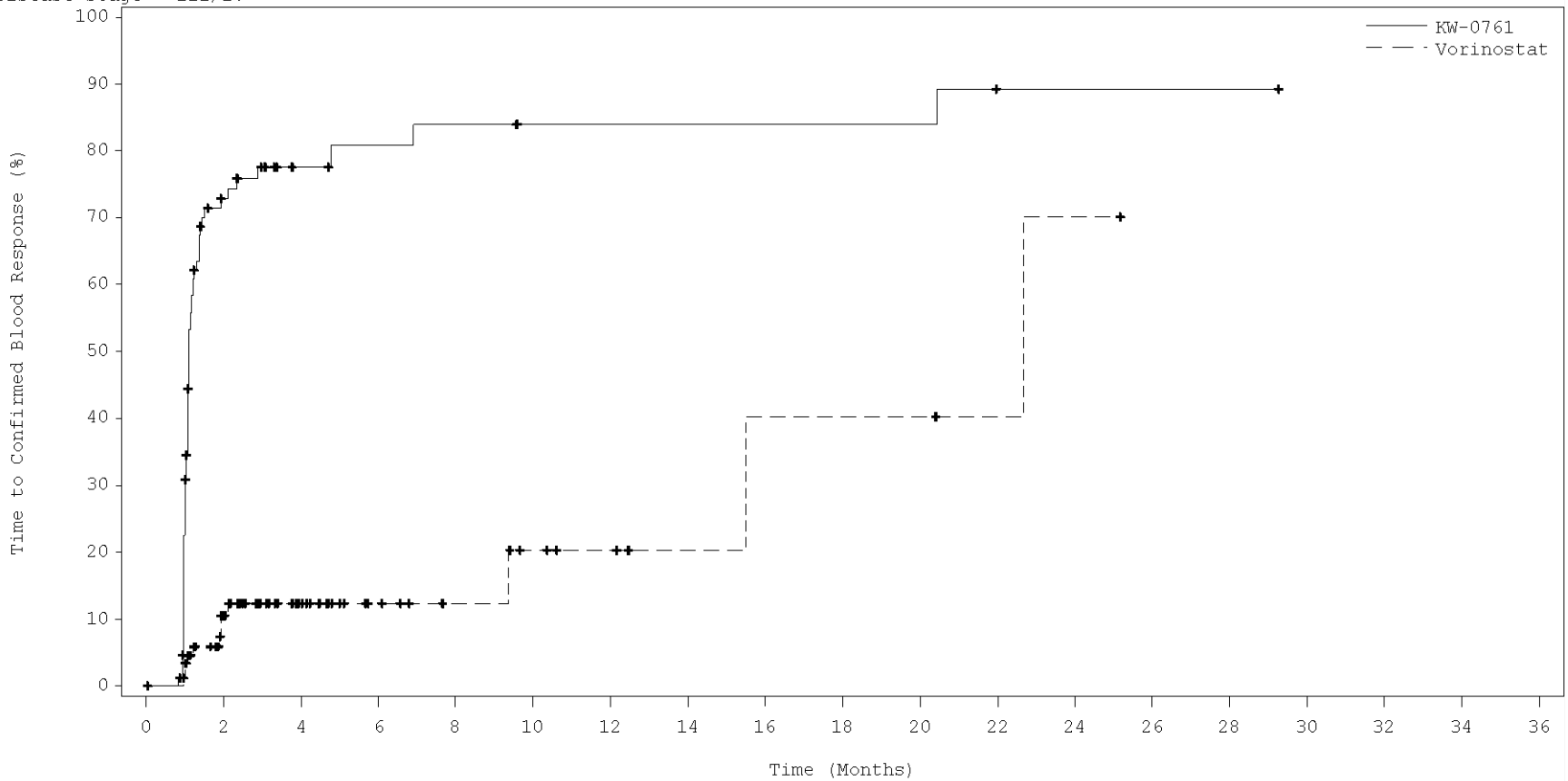
Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Data source: adsl.sas7bdat adttrc.sas7bdat Program source: f_ttrc_subgrp.sas Data cut-off date: 31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 03OCT2018
Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to Confirmed Compartment Response (TTRC) During Randomized Period
Based on Independent Review
by Disease Stage

Disease Stage = III/IV



No. Responded Blood:																			
KW:	0	59	62	63	64	64	64	64	64	64	64	65	65	65	65	65	65	65	65
VOR:	0	8	9	9	9	10	10	10	11	11	11	11	12	12	12	12	12	12	12

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

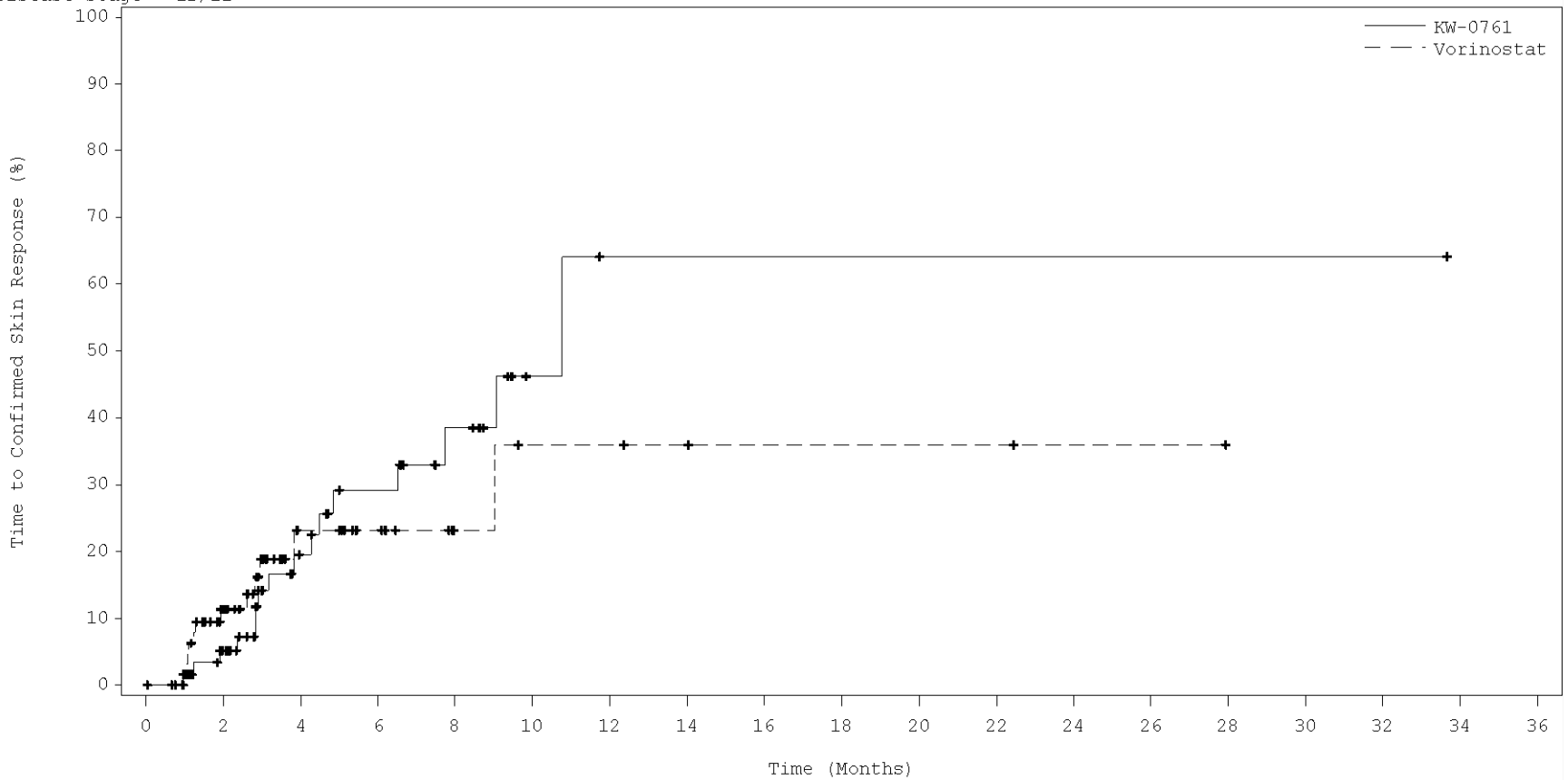
Data source: adsl.sas7bdat adttrc.sas7bdat Program source: f_ttrc_subgrp.sas Data cut-off date: 31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 03OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to Confirmed Compartment Response (TTRC) During Randomized Period
Based on Independent Review
by Disease Stage

Disease Stage = IB/II



No. Responded Skin:																			
KW:	0	3	9	12	14	15	16	16	16	16	16	16	16	16	16	16	16	16	16
VOR:	0	7	11	11	11	12	12	12	12	12	12	12	12	12	12	12	12	12	12

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

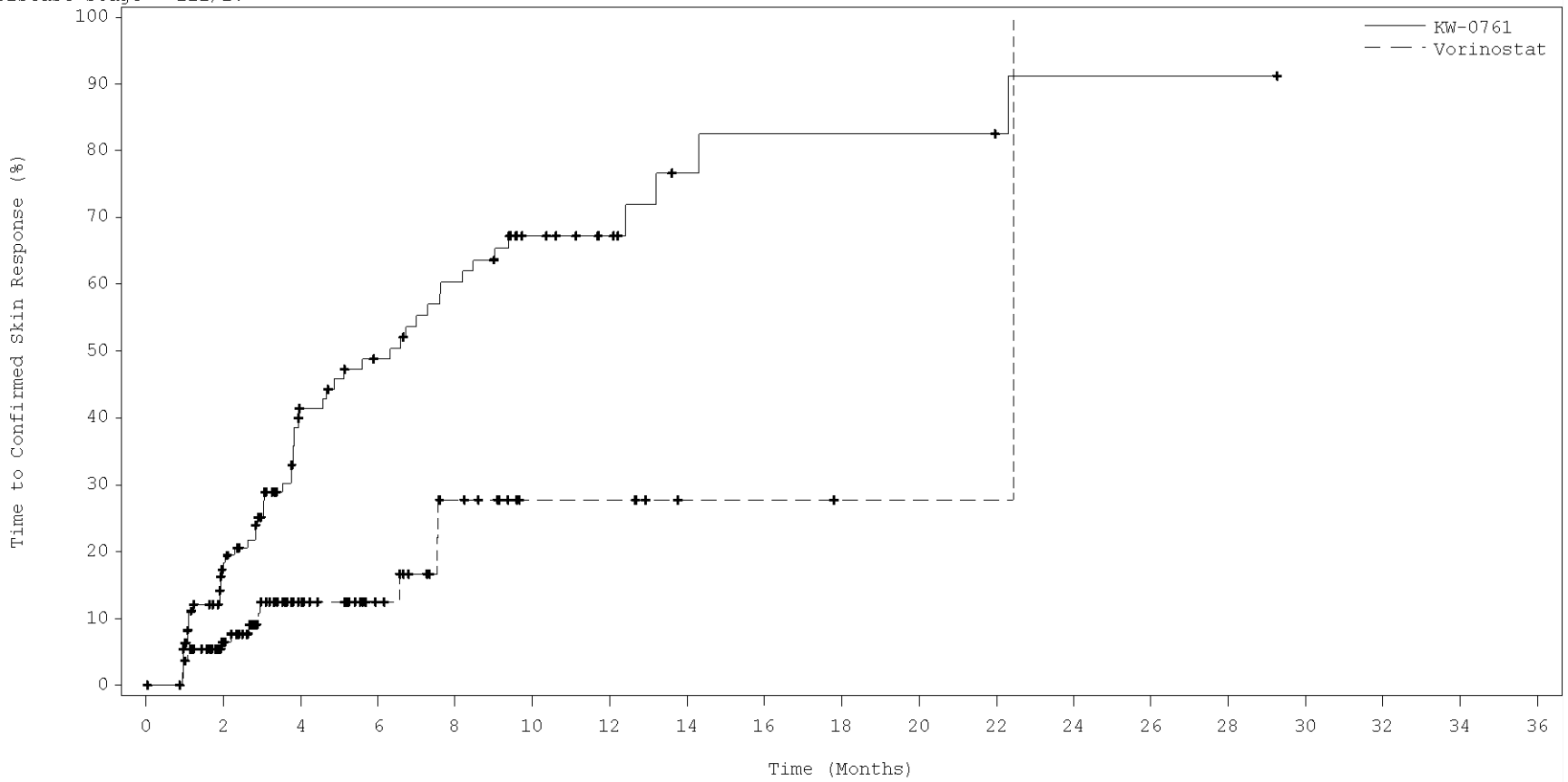
Data source: adsl.sas7bdat adttrc.sas7bdat Program source: f_ttrc_subgrp.sas Data cut-off date: 31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 03OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to Confirmed Compartment Response (TTRC) During Randomized Period
Based on Independent Review
by Disease Stage

Disease Stage = III/IV



No. Responded Skin:

KW:	0	19	37	42	49	53	53	55	56	56	56	56	57	57	57	57	57	57	57
VOR:	0	7	11	11	14	14	14	14	14	14	14	14	15	15	15	15	15	15	15

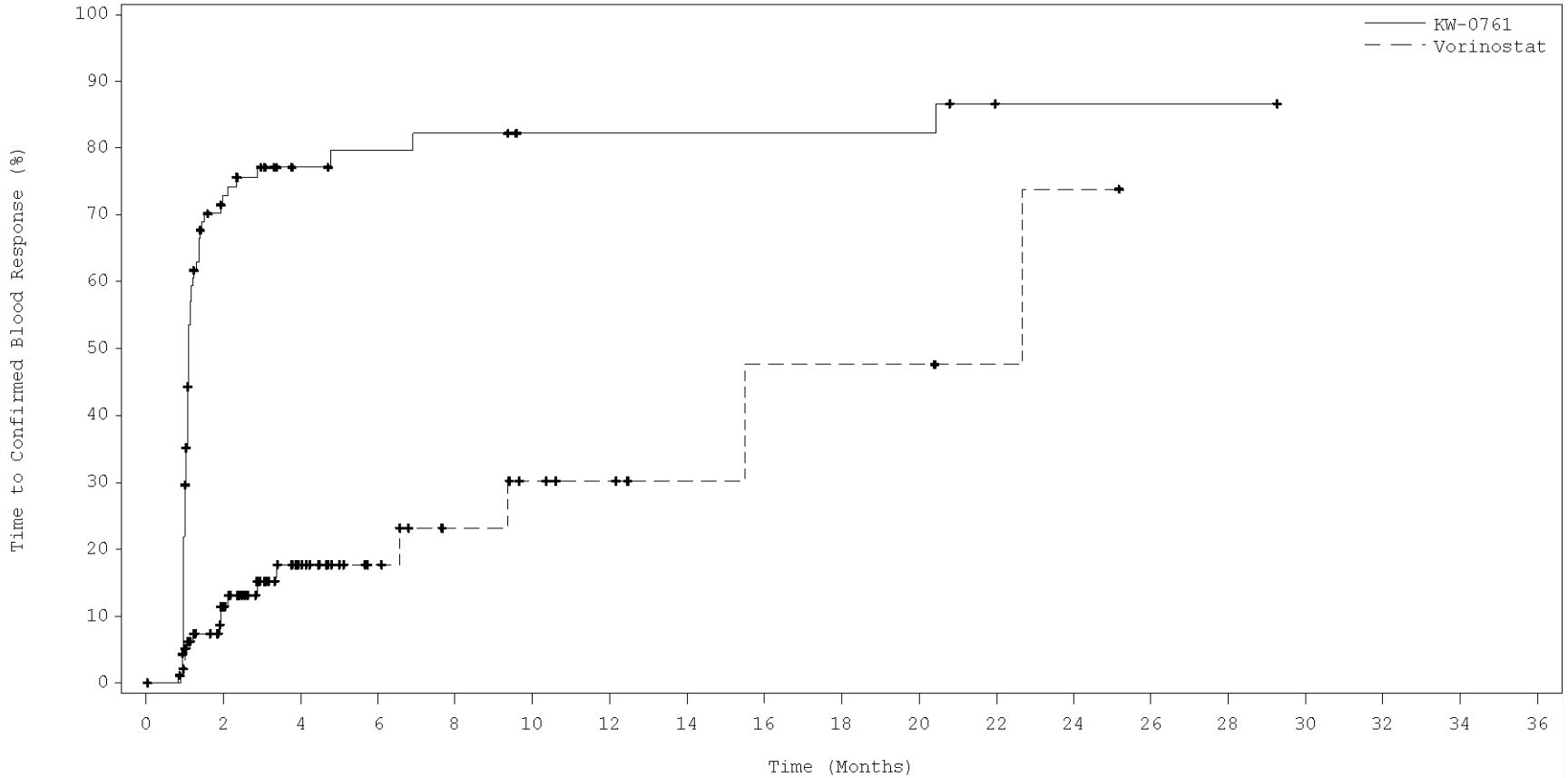
Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Data source: adsl.sas7bdat adttrc.sas7bdat Program source: f_ttrc_subgrp.sas Data cut-off date: 31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 03OCT2018
Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to Confirmed Compartment Response (TTRC) During Randomized Period
Based on Independent Review
by Blood Involvement

Blood Involvement = Y



No. Responded Blood:																			
KW:	0	64	67	68	69	69	69	69	69	69	69	70	70	70	70	70	70	70	70
VOR:	0	10	13	13	14	15	15	15	16	16	16	16	17	17	17	17	17	17	17

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

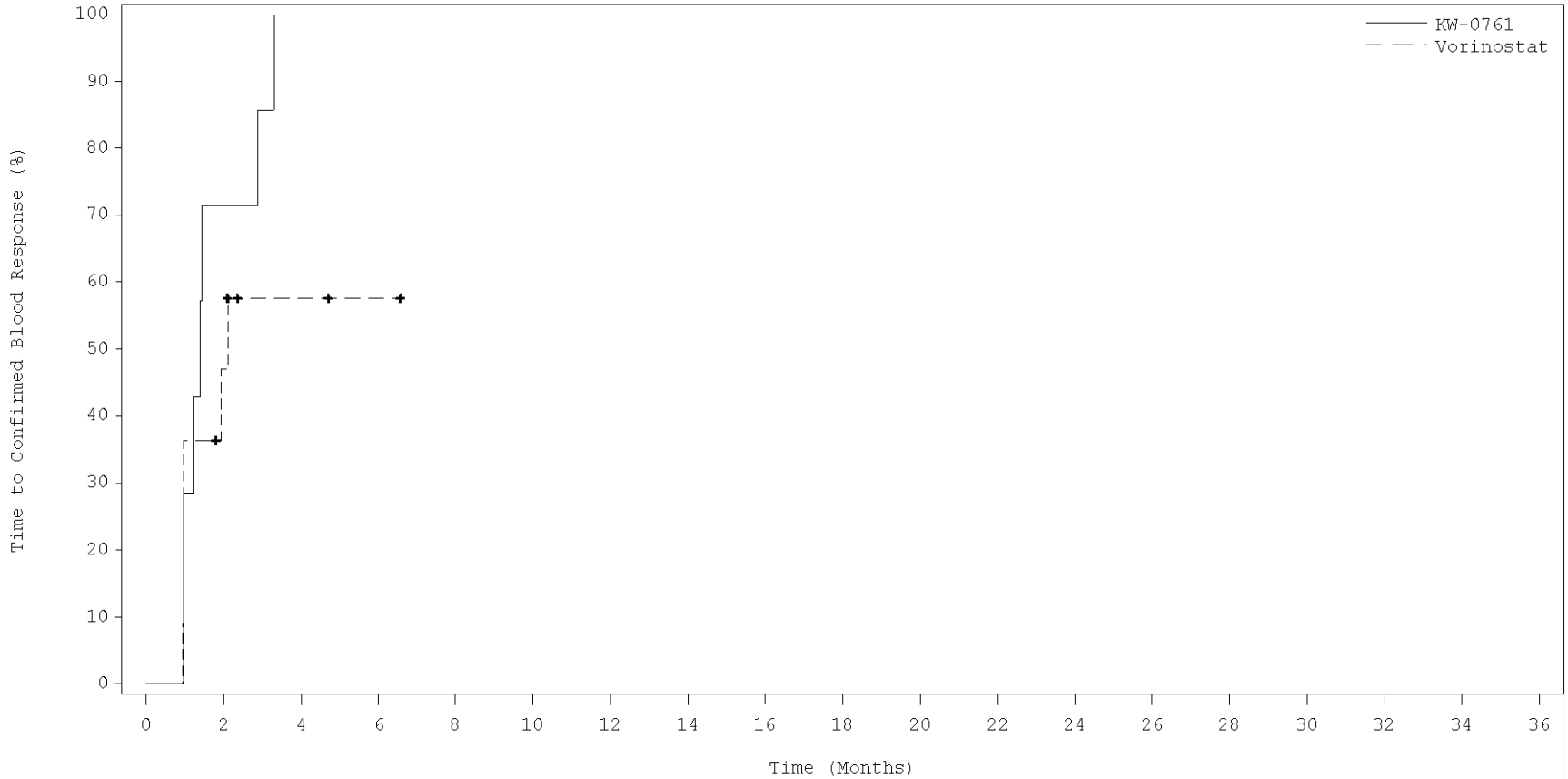
Data source: adsl.sas7bdat adttrc.sas7bdat Program source: f_ttrc_subgrp.sas Data cut-off date: 31-Dec-2016

Kyowa Kirin Pharmaceutical Development, Inc. Date: 03OCT2018

Treatment: Protocol 0761-010

Kaplan-Meier Curves of Time to Confirmed Compartment Response (TTRC) During Randomized Period
Based on Independent Review
by Blood Involvement

Blood Involvement = N



No. Responded Blood:																			
KW:	0	5	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
VOR:	0	5	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Data source: adsl.sas7bdat adttrc.sas7bdat Program source: f_ttrc_subgrp.sas Data cut-off date: 31-Dec-2016

Time to Confirmed Skin Complete Response (TTRC1) Cox Model to Test for Interaction Between Treatment and Specified Variable

Variable	p-value	
	Investigator's Assessment	Independent Review
Treatment Plan X Gender(F vs M)	0.9944	0.7522
Treatment Plan X Age Group(>= 65 years vs < 65 years)	0.9952	0.3931
Treatment Plan X Disease Type(SS vs MF)	0.9957	0.5845
Treatment Plan X Disease Stage(III/IV vs IB/II)	0.9960	0.9954
Treatment Plan X Blood Involvement(Yes vs No)	0.9997	0.9998
Treatment Plan X Region 1(Europe vs US)	0.9941	0.9931
Treatment Plan X Region 2(Europe vs Rest of World)	0.9997	0.9997

Note: The covariates in the Cox proportional hazards model include the specified variable, treatment, disease type, disease stage, region and interaction between treatment and the specified variable. The p-value is obtained from Wald-test. For Treatment Plan * Region 1, the analysis set exludes subjects in Rest of World. For Treatment Plan * Region 2, the analysis set excludes subjects in US.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.

Data source:adttrc1.sas7bdat Program source:t_ttrc1_int.sas Data cut-off date:31-Dec-2016

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Investigator's Assessment
by Gender

Gender = M

	Vorinostat N=107	KW-0761 N=109
Number of Subjects with Confirmed Skin CR (n, %)	0	5 (4.6)
Number of Subjects Censored (n, %)	107 (100.0)	104 (95.4)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		453E5*** (0.00, -
Log rank p-value		0.1010

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Data source: adsl.sas7bdat adttrc1.sas7bdat Program source: t_ttrc1_subgrp.sas Data cut-off date: 31-Dec-2016

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Investigator's Assessment
by Gender

Gender = F

	Vorinostat N=79	KW-0761 N=77
Number of Subjects with Confirmed Skin CR (n, %)	1 (1.3)	3 (3.9)
Number of Subjects Censored (n, %)	78 (98.7)	74 (96.1)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.30 (0.13,13.47)
Log rank p-value		0.6280

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Independent Review
by Gender

Gender = M

	Vorinostat N=107	KW-0761 N=109
Number of Subjects with Confirmed Skin CR (n, %)	1 (0.9)	5 (4.6)
Number of Subjects Censored (n, %)	106 (99.1)	104 (95.4)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.94 (0.33,26.16)
Log rank p-value		0.3247

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Independent Review
by Gender

Gender = F

	Vorinostat N=79	KW-0761 N=77
Number of Subjects with Confirmed Skin CR (n, %)	1 (1.3)	3 (3.9)
Number of Subjects Censored (n, %)	78 (98.7)	74 (96.1)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.63 (0.16,16.33)
Log rank p-value		0.5389

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source: adsl.sas7bdat adttrc1.sas7bdat Program source: t_ttrc1_subgrp.sas Data cut-off date: 31-Dec-2016

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Investigator's Assessment
by Age

Age Group = <65 years

	Vorinostat N=89	KW-0761 N=99
Number of Subjects with Confirmed Skin CR (n, %)	1 (1.1)	2 (2.0)
Number of Subjects Censored (n, %)	88 (98.9)	97 (98.0)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.68 (0.06, 8.35)
Log rank p-value		0.7054

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Investigator's Assessment
by Age

Age Group = >=65 years

	Vorinostat N=97	KW-0761 N=87
Number of Subjects with Confirmed Skin CR (n, %)	0	6 (6.9)
Number of Subjects Censored (n, %)	97 (100.0)	81 (93.1)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		492E5*** (0.00, -
Log rank p-value		0.0656

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Independent Review
by Age

Age Group = <65 years

	Vorinostat N=89	KW-0761 N=99
Number of Subjects with Confirmed Skin CR (n, %)	1 (1.1)	2 (2.0)
Number of Subjects Censored (n, %)	88 (98.9)	97 (98.0)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		0.72 (0.06, 9.02)
Log rank p-value		0.7054

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Independent Review
by Age

Age Group = >=65 years

	Vorinostat N=97	KW-0761 N=87
Number of Subjects with Confirmed Skin CR (n, %)	1 (1.0)	6 (6.9)
Number of Subjects Censored (n, %)	96 (99.0)	81 (93.1)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		4.70 (0.55,39.86)
Log rank p-value		0.1364

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source: adsl.sas7bdat adttrc1.sas7bdat Program source: t_ttrc1_subgrp.sas Data cut-off date: 31-Dec-2016

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Investigator's Assessment
by Disease Type

Disease Type = MF

	Vorinostat N=99	KW-0761 N=105
Number of Subjects with Confirmed Skin CR (n, %)	1 (1.0)	2 (1.9)
Number of Subjects Censored (n, %)	98 (99.0)	103 (98.1)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.30 (0.11,14.83)
Log rank p-value		0.8141

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Investigator's Assessment
by Disease Type

Disease Type = SS

	Vorinostat N=87	KW-0761 N=81
Number of Subjects with Confirmed Skin CR (n, %)	0	6 (7.4)
Number of Subjects Censored (n, %)	87 (100.0)	75 (92.6)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		177E5*** (0.00, -
Log rank p-value		0.0997

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Independent Review
by Disease Type

Disease Type = MF

	Vorinostat N=99	KW-0761 N=105
Number of Subjects with Confirmed Skin CR (n, %)	1 (1.0)	2 (1.9)
Number of Subjects Censored (n, %)	98 (99.0)	103 (98.1)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		1.37 (0.12,15.71)
Log rank p-value		0.8141

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Independent Review
by Disease Type

Disease Type = SS

	Vorinostat N=87	KW-0761 N=81
Number of Subjects with Confirmed Skin CR (n, %)	1 (1.1)	6 (7.4)
Number of Subjects Censored (n, %)	86 (98.9)	75 (92.6)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		3.42 (0.40,29.41)
Log rank p-value		0.2357

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Investigator's Assessment
by Disease Stage

Disease Stage = IB/II

	Vorinostat N=72	KW-0761 N=68
Number of Subjects with Confirmed Skin CR (n, %)	0	1 (1.5)
Number of Subjects Censored (n, %)	72 (100.0)	67 (98.5)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		109E6*** (0.00, -
Log rank p-value		0.4795

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Investigator's Assessment
by Disease Stage

Disease Stage = III/IV

	Vorinostat N=114	KW-0761 N=118
Number of Subjects with Confirmed Skin CR (n, %)	1 (0.9)	7 (5.9)
Number of Subjects Censored (n, %)	113 (99.1)	111 (94.1)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		3.61 (0.43,29.99)
Log rank p-value		0.2004

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Data source: adsl.sas7bdat adttrc1.sas7bdat Program source: t_ttrc1_subgrp.sas Data cut-off date: 31-Dec-2016

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Independent Review
by Disease Stage

Disease Stage = IB/II

	Vorinostat N=72	KW-0761 N=68
Number of Subjects with Confirmed Skin CR (n, %)	0	1 (1.5)
Number of Subjects Censored (n, %)	72 (100.0)	67 (98.5)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		108E6 (0.00, - .
Log rank p-value		0.4795

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source: adsl.sas7bdat adttrc1.sas7bdat Program source: t_ttrc1_subgrp.sas Data cut-off date: 31-Dec-2016

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Independent Review
by Disease Stage

Disease Stage = III/IV

	Vorinostat N=114	KW-0761 N=118
Number of Subjects with Confirmed Skin CR (n, %)	2 (1.8)	7 (5.9)
Number of Subjects Censored (n, %)	112 (98.2)	111 (94.1)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.11 (0.43,10.47)
Log rank p-value		0.3509

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source: adsl.sas7bdat adttrc1.sas7bdat Program source: t_ttrc1_subgrp.sas Data cut-off date: 31-Dec-2016

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Investigator's Assessment
by Blood Involvement

Blood Involvement = Y

	Vorinostat N=122	KW-0761 N=123
Number of Subjects with Confirmed Skin CR (n, %)	1 (0.8)	8 (6.5)
Earliest Contributing Event:		
Number of Subjects Censored (n, %)	121 (99.2)	115 (93.5)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		3.99 (0.49,32.59)
Log rank p-value		0.1829

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Investigator's Assessment
by Blood Involvement

Blood Involvement = N

	Vorinostat N=62	KW-0761 N=63
Number of Subjects Censored (n, %)	62 (100.0)	63 (100.0)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		-
Log rank p-value		-

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source: adsl.sas7bdat adttrc1.sas7bdat Program source: t_ttrc1_subgrp.sas Data cut-off date: 31-Dec-2016

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Independent Review
by Blood Involvement

Blood Involvement = Y

	Vorinostat N=122	KW-0761 N=123
Number of Subjects with Confirmed Skin CR (n, %)	2 (1.6)	8 (6.5)
Earliest Contributing Event:		
Number of Subjects Censored (n, %)	120 (98.4)	115 (93.5)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.30 (0.48,11.15)
Log rank p-value		0.3203

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Independent Review
by Blood Involvement

Blood Involvement = N

	Vorinostat N=62	KW-0761 N=63
Number of Subjects Censored (n, %)	62 (100.0)	63 (100.0)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		-
Log rank p-value		-

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source: adsl.sas7bdat adttrc1.sas7bdat Program source: t_ttrc1_subgrp.sas Data cut-off date: 31-Dec-2016

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Investigator's Assessment
by Region

Region = US

	Vorinostat N=103	KW-0761 N=98
Number of Subjects with Confirmed Skin CR (n, %)	1 (1.0)	7 (7.1)
Number of Subjects Censored (n, %)	102 (99.0)	91 (92.9)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		3.83 (0.46,31.71)
Log rank p-value		0.1677

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Investigator's Assessment
by Region

Region = Europe

	Vorinostat N=70	KW-0761 N=70
Number of Subjects with Confirmed Skin CR (n, %)	0	1 (1.4)
Number of Subjects Censored (n, %)	70 (100.0)	69 (98.6)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		155E5*** (0.00, -
Log rank p-value		0.6650

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Investigator's Assessment
by Region

Region = Japan

	Vorinostat N=6	KW-0761 N=9
Number of Subjects Censored (n, %)	6 (100.0)	9 (100.0)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		-
Log rank p-value		-

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Data source: adsl.sas7bdat adttrc1.sas7bdat Program source: t_ttrc1_subgrp.sas Data cut-off date: 31-Dec-2016

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Investigator's Assessment
by Region

Region = Australia

	Vorinostat N=7	KW-0761 N=9
Number of Subjects Censored (n, %)	7 (100.0)	9 (100.0)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		-
Log rank p-value		-

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Data source: adsl.sas7bdat adttrc1.sas7bdat Program source: t_ttrc1_subgrp.sas Data cut-off date: 31-Dec-2016

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Independent Review
by Region

Region = US

	Vorinostat N=103	KW-0761 N=98
Number of Subjects with Confirmed Skin CR (n, %)	2 (1.9)	7 (7.1)
Number of Subjects Censored (n, %)	101 (98.1)	91 (92.9)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		2.22 (0.45,10.96)
Log rank p-value		0.3116

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Independent Review
by Region

Region = Europe

	Vorinostat N=70	KW-0761 N=70
Number of Subjects with Confirmed Skin CR (n, %)	0	1 (1.4)
Number of Subjects Censored (n, %)	70 (100.0)	69 (98.6)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		205E5*** (0.00, -
Log rank p-value		0.6171

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Independent Review
by Region

Region = Japan

	Vorinostat N=6	KW-0761 N=9
Number of Subjects Censored (n, %)	6 (100.0)	9 (100.0)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		-
Log rank p-value		-

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Summary of Time to Confirmed Skin Complete Response During Randomized Period
Intent-to-treat Set Based on Independent Review
by Region

Region = Australia

	Vorinostat N=7	KW-0761 N=9
Number of Subjects Censored (n, %)	7 (100.0)	9 (100.0)
Time to Confirmed Skin CR (months)		
Kaplan-Meier Estimate		
Q1	-	-
Median (95% CI)*	-	-
Q3	-	-
------ Treatment Comparison ------		
KW-0761 vs. Vorinostat**		
Hazard Ratio (95% CI)		-
Log rank p-value		-

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to confirmed skin complete response (TTRC1) is defined as the duration from the randomized date to the date of confirmed skin CR. For subjects who did not have confirmed skin CR, they are censored at the last post-baseline tumor assessment from the skin compartment. For subjects who have neither confirmed skin CR nor post-baseline tumor assessment in the skin compartment, they are censored at the randomization date.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** If the hazard ratio is very large, it is due to small sample size.

Data source: adsl.sas7bdat adttrc1.sas7bdat Program source: t_ttrc1_subgrp.sas Data cut-off date: 31-Dec-2016

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	186	99	61.8	23.05	79	5.0	2.25
	>=65 years	177	84	59.9	21.03	90	0.3	2.45

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	62.2	19.22	91	-0.1	2.39	5.1	-0.40	10.62	0.0688	0.5948	0.255	0.252
93	59.4	20.75	76	-1.1	2.29	1.4	-4.19	6.99	0.6232		-0.006	-0.006

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	186	99	61.8	23.05	50	6.7	2.42
	>=65 years	177	84	59.9	21.03	47	3.5	2.68

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	62.2	19.22	67	-0.2	2.75	6.8	0.47	13.21	0.0355	0.5948	0.444	0.438
93	59.4	20.75	55	-1.5	2.74	5.0	-1.72	11.66	0.1454		0.227	0.223

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	186	99	61.8	23.05	28	6.0	2.63
	>=65 years	177	84	59.9	21.03	30	6.4	2.87

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	62.2	19.22	54	2.7	3.45	3.3	-4.53	11.13	0.4084	0.5948	0.074	0.072
93	59.4	20.75	47	-2.0	3.33	8.4	0.49	16.32	0.0374		0.665	0.650

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	186	99	61.8	23.05	21	7.4	2.85
	>=65 years	177	84	59.9	21.03	17	9.0	3.08

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	62.2	19.22	45	4.9	4.00	2.5	-6.58	11.49	0.5942	0.5948	0.094	0.091
93	59.4	20.75	40	-0.4	4.27	9.4	-0.42	19.15	0.0608		0.767	0.743

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	186	99	61.8	23.05	16	8.3	3.18
	>=65 years	177	84	59.9	21.03	12	8.1	3.27

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	62.2	19.22	35	3.3	4.59	5.0	-5.35	15.42	0.3413	0.5948	0.214	0.207
93	59.4	20.75	35	-4.3	5.10	12.4	0.93	23.87	0.0342		0.752	0.723

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	186	99	61.8	23.05	10	9.1	3.67
	>=65 years	177	84	59.9	21.03	10	4.7	3.71

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	62.2	19.22	25	-0.1	5.60	9.2	-3.43	21.92	0.1527	0.5948	0.487	0.462
93	59.4	20.75	25	-3.1	5.66	7.8	-5.12	20.76	0.2360		0.647	0.614

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	124	63	64.5	19.57	57	1.3	2.83
	Yes	237	120	59.0	23.18	111	4.4	2.23

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
61	65.0	19.59	57	-6.8	2.77	8.0	1.35	14.70	0.0185	0.1926	0.366	0.360
117	58.2	19.97	110	3.3	2.27	1.1	-3.67	5.94	0.6430		-0.010	-0.010

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	124	63	64.5	19.57	37	3.0	3.11
	Yes	237	120	59.0	23.18	60	7.1	2.37

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
61	65.0	19.59	39	-1.5	3.14	4.5	-3.21	12.28	0.2503	0.1926	0.367	0.359
117	58.2	19.97	83	0.0	2.64	7.1	1.38	12.76	0.0150		0.309	0.306

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	124	63	64.5	19.57	25	2.4	3.64
	Yes	237	120	59.0	23.18	33	8.6	2.46

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
61	65.0	19.59	26	-2.1	3.71	4.5	-4.85	13.89	0.3443	0.1926	0.359	0.346
117	58.2	19.97	75	2.6	3.27	6.0	-0.93	12.98	0.0892		0.317	0.311

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	124	63	64.5	19.57	17	-5.7	4.34
	Yes	237	120	59.0	23.18	21	12.9	2.55

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
61	65.0	19.59	17	1.8	4.39	-7.5	-18.96	3.95	0.1987	0.1926	-0.291	-0.276
117	58.2	19.97	68	3.1	3.98	9.8	1.46	18.21	0.0214		0.516	0.506

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	124	63	64.5	19.57	11	2.7	5.19
	Yes	237	120	59.0	23.18	17	11.0	2.69

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
61	65.0	19.59	12	-0.4	5.35	3.1	-10.92	17.09	0.6656	0.1926	-0.072	-0.066
117	58.2	19.97	58	0.1	4.47	10.9	1.44	20.36	0.0240		0.510	0.498

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	124	63	64.5	19.57	8	1.0	6.58
	Yes	237	120	59.0	23.18	12	9.5	2.98

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
61	65.0	19.59	7	-0.3	6.26	1.3	-15.99	18.62	0.8815	0.1926	-0.236	-0.207
117	58.2	19.97	43	-2.3	5.17	11.8	0.71	22.85	0.0370		0.603	0.583

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	139	68	66.0	18.45	65	2.5	2.75
	III/IV	224	115	57.9	23.58	104	3.3	2.18

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
71	61.7	21.51	61	-2.0	2.69	4.5	-1.85	10.83	0.1645	0.0042	0.078	0.077
109	60.2	19.07	106	0.5	2.24	2.8	-2.10	7.70	0.2625		0.153	0.152

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	139	68	66.0	18.45	35	3.8	3.07
	III/IV	224	115	57.9	23.58	62	6.2	2.31

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
71	61.7	21.51	40	5.0	3.21	-1.2	-8.88	6.53	0.7644	0.0042	-0.033	-0.033
109	60.2	19.07	82	-3.9	2.54	10.0	4.35	15.68	0.0006		0.504	0.498

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	139	68	66.0	18.45	22	1.7	3.38
	III/IV	224	115	57.9	23.58	36	8.6	2.46

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
71	61.7	21.51	32	2.2	3.90	-0.5	-9.75	8.72	0.9125	0.0042	0.157	0.152
109	60.2	19.07	69	-0.5	3.08	9.1	2.27	15.99	0.0092		0.475	0.467

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	139	68	66.0	18.45	16	-1.4	3.74
	III/IV	224	115	57.9	23.58	22	12.6	2.60

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
71	61.7	21.51	25	6.0	4.56	-7.5	-18.25	3.35	0.1761	0.0042	-0.177	-0.170
109	60.2	19.07	60	0.1	3.79	12.6	4.22	20.90	0.0032		0.634	0.621

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	139	68	66.0	18.45	13	4.0	4.41
	III/IV	224	115	57.9	23.58	15	10.5	2.74

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
71	61.7	21.51	17	5.7	5.08	-1.7	-14.21	10.82	0.7903	0.0042	-0.109	-0.102
109	60.2	19.07	53	-4.8	4.58	15.3	5.38	25.15	0.0025		0.658	0.641

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	139	68	66.0	18.45	11	5.4	5.78
	III/IV	224	115	57.9	23.58	9	8.2	2.98

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
71	61.7	21.51	9	3.9	5.51	1.5	-13.61	16.64	0.8441	0.0042	0.133	0.120
109	60.2	19.07	41	-6.6	5.77	14.8	2.52	27.05	0.0182		0.710	0.685

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	201	104	62.5	21.25	89	1.7	2.20
	Sezary Syndrome (SS)	162	79	58.8	23.15	80	4.1	2.66

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
97	62.0	20.08	93	-1.5	2.27	3.2	-2.12	8.48	0.2394	0.0291	0.105	0.104
83	59.3	19.97	74	0.3	2.62	3.8	-1.90	9.60	0.1889		0.177	0.175

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	201	104	62.5	21.25	54	4.2	2.40
	Sezary Syndrome (SS)	162	79	58.8	23.15	43	6.3	2.83

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
97	62.0	20.08	65	1.5	2.60	2.7	-3.56	8.88	0.4017	0.0291	0.221	0.218
83	59.3	19.97	57	-4.0	3.06	10.3	3.52	17.11	0.0030		0.474	0.465

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	201	104	62.5	21.25	35	3.7	2.69
	Sezary Syndrome (SS)	162	79	58.8	23.15	23	8.7	2.94

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
97	62.0	20.08	49	0.8	3.10	2.9	-4.52	10.34	0.4424	0.0291	0.251	0.246
83	59.3	19.97	52	-0.4	3.87	9.1	0.69	17.44	0.0339		0.477	0.466

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	201	104	62.5	21.25	25	5.3	2.92
	Sezary Syndrome (SS)	162	79	58.8	23.15	13	11.0	3.10

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
97	62.0	20.08	41	5.2	3.62	0.2	-8.48	8.78	0.9726	0.0291	0.127	0.124
83	59.3	19.97	44	-3.0	4.95	14.0	3.43	24.49	0.0095		0.721	0.699

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	201	104	62.5	21.25	19	6.7	3.33
	Sezary Syndrome (SS)	162	79	58.8	23.15	9	9.7	3.24

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
97	62.0	20.08	30	4.0	4.16	2.7	-7.35	12.66	0.6027	0.0291	0.186	0.179
83	59.3	19.97	40	-8.9	5.94	18.6	6.08	31.06	0.0036		0.791	0.762

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	201	104	62.5	21.25	13	8.0	3.82
	Sezary Syndrome (SS)	162	79	58.8	23.15	7	6.3	3.64

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
97	62.0	20.08	22	1.6	4.92	6.4	-5.46	18.35	0.2881	0.0291	0.417	0.396
83	59.3	19.97	28	-7.7	6.77	14.0	-0.40	28.44	0.0567		0.775	0.735

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	54.4	24.68	6	10.6	6.90
	Rest of World	153	78	58.7	21.36	68	1.0	2.18
	US	195	96	63.4	22.38	95	3.2	1.98

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	60.0	12.65	7	-14.7	7.46	25.4	5.51	45.21	0.0124	0.0155	1.526	1.306
75	59.2	18.40	72	-3.2	2.22	4.1	-1.89	10.16	0.1785		0.204	0.202
99	61.9	21.56	88	1.9	1.89	1.4	-3.90	6.64	0.6092		-0.001	-0.001

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	54.4	24.68	4	12.1	6.89
	Rest of World	153	78	58.7	21.36	43	3.1	2.44
	US	195	96	63.4	22.38	50	5.8	2.23

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	60.0	12.65	7	-7.4	8.69	19.4	-2.25	41.13	0.0788	0.0155	1.031	0.853
75	59.2	18.40	52	-0.6	2.64	3.7	-3.27	10.70	0.2964		0.146	0.143
99	61.9	21.56	63	-1.2	2.41	7.0	0.70	13.39	0.0296		0.431	0.424

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	54.4	24.68	2	24.0	7.86
	Rest of World	153	78	58.7	21.36	27	1.1	2.69
	US	195	96	63.4	22.38	29	8.4	2.44

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	60.0	12.65	5	-13.1	11.84	37.1	9.29	64.98	0.0090	0.0155	2.258	1.607
75	59.2	18.40	43	1.3	3.27	-0.2	-8.49	8.01	0.9543		0.108	0.105
99	61.9	21.56	53	-0.5	3.17	8.8	1.10	16.59	0.0253		0.498	0.488

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	54.4	24.68	2	25.4	8.08
	Rest of World	153	78	58.7	21.36	19	2.9	2.97
	US	195	96	63.4	22.38	17	10.4	2.66

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	60.0	12.65	5	-19.7	12.60	45.1	15.72	74.41	0.0027	0.0155	2.733	1.945
75	59.2	18.40	35	2.7	3.95	0.2	-9.47	9.84	0.9694		0.256	0.248
99	61.9	21.56	45	3.4	4.14	7.0	-2.59	16.54	0.1527		0.334	0.325

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	54.4	24.68	1	26.1	9.90
	Rest of World	153	78	58.7	21.36	17	3.9	3.24
	US	195	96	63.4	22.38	10	9.7	2.93

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	60.0	12.65	3	-11.3	16.81	37.4	-0.88	75.69	0.0555	0.0155	1.902	0.769
75	59.2	18.40	30	-3.0	4.30	6.9	-3.65	17.43	0.1999		0.563	0.542
99	61.9	21.56	37	4.2	5.40	5.5	-6.43	17.51	0.3637		0.126	0.122

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	**Japan**	15	9	54.4	24.68	1	8.9	10.37
	Rest of World	153	78	58.7	21.36	11	2.4	3.81
	US	195	96	63.4	22.38	8	10.3	3.44

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	60.0	12.65	3	-13.7	17.79	22.6	-17.84	63.04	0.2728	0.0155	2.002	0.809
75	59.2	18.40	21	-2.6	5.17	4.9	-7.68	17.57	0.4419		0.719	0.678
99	61.9	21.56	26	0.3	6.19	10.0	-3.78	23.84	0.1543		0.293	0.278

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	153	76	57.3	23.76	73	2.4	2.55
	Male	210	107	63.5	20.58	96	3.1	2.20

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
77	57.8	21.02	68	0.3	2.50	2.0	-4.01	8.10	0.5078	0.5164	0.053	0.052
103	62.9	19.05	99	-1.4	2.22	4.4	-0.71	9.59	0.0910		0.191	0.190

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	153	76	57.3	23.76	37	7.1	2.92
	Male	210	107	63.5	20.58	60	4.2	2.31

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
77	57.8	21.02	42	-1.1	3.05	8.2	0.71	15.77	0.0320	0.5164	0.425	0.415
103	62.9	19.05	80	-0.8	2.53	4.9	-0.91	10.77	0.0981		0.302	0.299

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	153	76	57.3	23.76	22	6.0	3.14
	Male	210	107	63.5	20.58	36	6.2	2.49

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
77	57.8	21.02	36	5.3	3.81	0.6	-8.46	9.75	0.8895	0.5164	0.149	0.144
103	62.9	19.05	65	-3.0	3.09	9.2	2.17	16.20	0.0104		0.531	0.522

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	153	76	57.3	23.76	15	10.5	3.26
	Male	210	107	63.5	20.58	23	6.5	2.73

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
77	57.8	21.02	34	6.1	4.59	4.4	-6.18	14.99	0.4138	0.5164	0.292	0.281
103	62.9	19.05	51	-0.1	3.78	6.6	-1.87	15.16	0.1259		0.501	0.489

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	153	76	57.3	23.76	12	10.6	3.57
	Male	210	107	63.5	20.58	16	6.5	2.96

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
77	57.8	21.02	28	3.6	5.19	7.0	-4.97	18.91	0.2521	0.5164	0.427	0.408
103	62.9	19.05	42	-3.0	4.53	9.5	-0.59	19.54	0.0650		0.512	0.496

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: EQ-5D-3L VAS Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	153	76	57.3	23.76	9	7.0	4.18
	Male	210	107	63.5	20.58	11	6.7	3.34

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
77	57.8	21.02	19	0.4	5.91	6.5	-7.31	20.41	0.3538	0.5164	0.403	0.377
103	62.9	19.05	31	-2.9	5.39	9.6	-2.38	21.65	0.1160		0.723	0.692

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	180	93	55.5	21.47	80	-8.1	2.17
	>=65 years	172	80	51.1	20.27	86	-10.8	2.36

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	51.2	20.53	84	-7.5	2.25	-0.7	-5.76	4.38	0.7898	0.1065	-0.086	-0.085
92	45.5	19.58	72	-6.3	2.21	-4.4	-9.61	0.75	0.0934		-0.335	-0.332

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	180	93	55.5	21.47	50	-13.3	2.26
	>=65 years	172	80	51.1	20.27	45	-15.8	2.48

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	51.2	20.53	61	-8.3	2.44	-5.0	-10.59	0.51	0.0751	0.1065	-0.363	-0.358
92	45.5	19.58	52	-7.2	2.44	-8.6	-14.42	-2.85	0.0035		-0.604	-0.593

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	180	93	55.5	21.47	28	-12.2	2.42
	>=65 years	172	80	51.1	20.27	31	-17.1	2.62

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	51.2	20.53	48	-6.0	2.87	-6.1	-12.63	0.39	0.0654	0.1065	-0.267	-0.261
92	45.5	19.58	45	-4.1	2.78	-13.1	-19.63	-6.49	0.0001		-0.843	-0.823

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	180	93	55.5	21.47	22	-14.7	2.59
	>=65 years	172	80	51.1	20.27	18	-16.0	2.82

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	51.2	20.53	41	-10.7	3.29	-4.0	-11.45	3.44	0.2909	0.1065	-0.139	-0.135
92	45.5	19.58	35	-0.9	3.40	-15.1	-23.03	-7.20	0.0002		-0.791	-0.765

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	180	93	55.5	21.47	16	-15.8	2.86
	>=65 years	172	80	51.1	20.27	13	-17.8	3.01

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	51.2	20.53	31	-9.8	3.81	-6.0	-14.65	2.67	0.1752	0.1065	-0.160	-0.154
92	45.5	19.58	31	-3.4	4.03	-14.3	-23.58	-5.10	0.0024		-0.706	-0.678

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	180	93	55.5	21.47	11	-17.3	3.25
	>=65 years	172	80	51.1	20.27	11	-18.8	3.35

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	51.2	20.53	22	-8.9	4.45	-8.3	-18.57	1.89	0.1098	0.1065	-0.460	-0.435
92	45.5	19.58	22	-6.7	4.51	-12.1	-22.59	-1.57	0.0243		-0.722	-0.683

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	118	58	54.6	19.71	56	-7.2	2.70
	Yes	233	115	52.9	21.64	109	-10.6	2.15

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
60	45.6	20.70	53	-6.4	2.61	-0.8	-7.01	5.37	0.7945	0.0402	-0.185	-0.182
118	49.9	19.71	103	-7.3	2.16	-3.3	-7.69	1.09	0.1403		-0.212	-0.210

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	118	58	54.6	19.71	36	-7.9	2.88
	Yes	233	115	52.9	21.64	59	-17.7	2.22

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
60	45.6	20.70	35	-7.3	2.81	-0.6	-7.40	6.22	0.8643	0.0402	-0.077	-0.076
118	49.9	19.71	78	-8.0	2.35	-9.7	-14.61	-4.84	0.0001		-0.624	-0.616

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	118	58	54.6	19.71	24	-7.1	3.22
	Yes	233	115	52.9	21.64	35	-18.0	2.30

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
60	45.6	20.70	24	-2.4	3.18	-4.7	-12.58	3.27	0.2489	0.0402	-0.436	-0.420
118	49.9	19.71	69	-7.0	2.72	-11.0	-16.72	-5.37	0.0001		-0.487	-0.479

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	118	58	54.6	19.71	17	-5.0	3.74
	Yes	233	115	52.9	21.64	23	-19.3	2.39

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
60	45.6	20.70	15	-3.9	3.66	-1.1	-10.61	8.35	0.8145	0.0402	-0.308	-0.291
118	49.9	19.71	61	-7.9	3.19	-11.3	-18.01	-4.63	0.0009		-0.298	-0.292

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	118	58	54.6	19.71	11	-6.8	4.42
	Yes	233	115	52.9	21.64	18	-20.4	2.51

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
60	45.6	20.70	11	-3.6	4.39	-3.2	-14.67	8.35	0.5903	0.0402	0.001	0.001
118	49.9	19.71	51	-9.1	3.64	-11.3	-18.97	-3.58	0.0042		-0.330	-0.322

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	118	58	54.6	19.71	9	-2.6	5.61
	Yes	233	115	52.9	21.64	13	-22.3	2.73

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
60	45.6	20.70	6	-4.9	4.98	2.4	-11.72	16.49	0.7397	0.0402	0.059	0.051
118	49.9	19.71	38	-10.1	4.16	-12.1	-21.04	-3.20	0.0078		-0.553	-0.534

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	134	64	54.5	20.71	65	-6.5	2.61
	III/IV	218	109	52.9	21.20	101	-11.3	2.07

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
70	45.6	21.50	58	-9.3	2.53	2.8	-2.97	8.56	0.3415	<.0001	0.061	0.060
109	50.0	19.21	98	-5.8	2.11	-5.5	-10.00	-1.07	0.0153		-0.396	-0.393

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	134	64	54.5	20.71	34	-7.2	2.78
	III/IV	218	109	52.9	21.20	61	-18.6	2.15

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
70	45.6	21.50	38	-10.6	2.80	3.3	-3.21	9.90	0.3161	<.0001	0.205	0.200
109	50.0	19.21	75	-6.4	2.26	-12.2	-17.10	-7.32	<.0001		-0.897	-0.885

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	134	64	54.5	20.71	21	-6.2	3.02
	III/IV	218	109	52.9	21.20	38	-19.1	2.26

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
70	45.6	21.50	29	-6.1	3.28	-0.0	-7.73	7.68	0.9951	<.0001	-0.158	-0.153
109	50.0	19.21	64	-4.7	2.57	-14.4	-20.03	-8.78	<.0001		-0.702	-0.690

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	134	64	54.5	20.71	16	-7.2	3.32
	III/IV	218	109	52.9	21.20	24	-19.7	2.39

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
70	45.6	21.50	22	-9.6	3.78	2.4	-6.60	11.35	0.6037	<.0001	-0.108	-0.102
109	50.0	19.21	54	-4.6	3.02	-15.1	-21.75	-8.43	<.0001		-0.569	-0.556

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	134	64	54.5	20.71	13	-6.4	3.86
	III/IV	218	109	52.9	21.20	16	-21.6	2.52

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
70	45.6	21.50	15	-12.6	4.25	6.2	-4.27	16.67	0.2455	<.0001	0.220	0.206
109	50.0	19.21	47	-3.4	3.62	-18.2	-26.11	-10.32	<.0001		-0.737	-0.716

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	134	64	54.5	20.71	12	-7.9	4.88
	III/IV	218	109	52.9	21.20	10	-22.4	2.72

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
70	45.6	21.50	8	-13.0	4.56	5.1	-7.38	17.55	0.4232	<.0001	-0.218	-0.198
109	50.0	19.21	36	-4.9	4.43	-17.6	-27.15	-8.02	0.0003		-0.782	-0.752

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	194	98	53.7	19.72	89	-7.3	2.09
	Sezary Syndrome (SS)	158	75	53.2	22.64	77	-11.3	2.60

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
96	45.9	20.76	89	-7.8	2.14	0.5	-4.35	5.38	0.8350	0.0045	-0.069	-0.068
83	51.0	19.29	67	-5.5	2.52	-5.9	-11.18	-0.54	0.0309		-0.421	-0.416

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	194	98	53.7	19.72	53	-11.0	2.22
	Sezary Syndrome (SS)	158	75	53.2	22.64	42	-17.9	2.67

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
96	45.9	20.76	59	-9.6	2.31	-1.4	-6.78	4.03	0.6170	0.0045	-0.147	-0.144
83	51.0	19.29	54	-4.7	2.74	-13.1	-18.97	-7.26	<.0001		-0.901	-0.884

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	194	98	53.7	19.72	35	-10.0	2.42
	Sezary Syndrome (SS)	158	75	53.2	22.64	24	-18.8	2.75

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
96	45.9	20.76	44	-4.4	2.62	-5.6	-11.85	0.63	0.0778	0.0045	-0.486	-0.475
83	51.0	19.29	49	-5.8	3.21	-13.0	-19.84	-6.16	0.0002		-0.499	-0.487

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	194	98	53.7	19.72	26	-11.5	2.63
	Sezary Syndrome (SS)	158	75	53.2	22.64	14	-18.8	2.89

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
96	45.9	20.76	36	-7.5	2.99	-4.0	-11.14	3.21	0.2782	0.0045	-0.363	-0.353
83	51.0	19.29	40	-3.4	3.91	-15.4	-23.73	-7.07	0.0003		-0.390	-0.378

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	194	98	53.7	19.72	19	-12.9	2.97
	Sezary Syndrome (SS)	158	75	53.2	22.64	10	-20.1	3.03

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
96	45.9	20.76	26	-9.3	3.46	-3.6	-12.04	4.74	0.3934	0.0045	-0.173	-0.166
83	51.0	19.29	36	-2.0	4.63	-18.0	-27.87	-8.23	0.0003		-0.633	-0.609

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	194	98	53.7	19.72	14	-13.2	3.39
	Sezary Syndrome (SS)	158	75	53.2	22.64	8	-22.0	3.32

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
96	45.9	20.76	19	-10.1	3.97	-3.0	-12.85	6.75	0.5414	0.0045	-0.429	-0.406
83	51.0	19.29	25	-3.8	5.28	-18.2	-29.50	-6.85	0.0017		-0.787	-0.744

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	54.1	21.56	6	-24.5	6.25
	Rest of World	144	71	54.1	21.15	66	-3.9	2.08
	US	193	93	52.9	21.00	94	-8.5	1.83

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	42.1	15.26	7	-1.1	6.78	-23.4	-41.44	-5.41	0.0109	0.0563	-1.367	-1.170
73	47.6	19.58	66	-2.6	2.05	-1.3	-6.90	4.38	0.6612		-0.258	-0.255
100	49.1	20.96	83	-6.6	1.71	-1.8	-6.64	2.98	0.4552		-0.090	-0.089

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	54.1	21.56	4	-26.2	6.25
	Rest of World	144	71	54.1	21.15	43	-8.0	2.24
	US	193	93	52.9	21.00	48	-14.6	1.97

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	42.1	15.26	7	4.3	7.46	-30.5	-49.52	-11.49	0.0017	0.0563	-1.304	-1.079
73	47.6	19.58	47	-4.4	2.26	-3.6	-9.79	2.52	0.2468		-0.157	-0.154
100	49.1	20.96	59	-7.0	2.03	-7.5	-12.98	-2.10	0.0067		-0.581	-0.571

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	54.1	21.56	2	-28.7	6.79
	Rest of World	144	71	54.1	21.15	28	-6.3	2.44
	US	193	93	52.9	21.00	29	-15.8	2.12

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	42.1	15.26	5	3.1	9.48	-31.8	-54.59	-8.94	0.0065	0.0563	-1.712	-1.219
73	47.6	19.58	37	-2.2	2.65	-4.1	-11.11	2.89	0.2495		-0.271	-0.264
100	49.1	20.96	51	-3.6	2.53	-12.2	-18.59	-5.84	0.0002		-0.583	-0.570

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	54.1	21.56	2	-28.7	7.05
	Rest of World	144	71	54.1	21.15	20	-8.9	2.66
	US	193	93	52.9	21.00	18	-15.2	2.36

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	42.1	15.26	5	3.3	10.48	-32.0	-56.74	-7.26	0.0113	0.0563	-1.848	-1.315
73	47.6	19.58	31	-3.1	3.15	-5.8	-13.83	2.24	0.1570		-0.381	-0.368
100	49.1	20.96	40	-5.3	3.20	-9.9	-17.58	-2.15	0.0123		-0.224	-0.218

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	54.1	21.56	1	-28.4	8.20
	Rest of World	144	71	54.1	21.15	17	-9.2	2.93
	US	193	93	52.9	21.00	11	-17.7	2.61

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	42.1	15.26	3	-2.2	13.37	-26.2	-57.00	4.52	0.0944	0.0563	-0.958	-0.387
73	47.6	19.58	26	-2.7	3.56	-6.5	-15.52	2.50	0.1567		-0.407	-0.390
100	49.1	20.96	33	-7.2	4.10	-10.5	-19.95	-1.07	0.0291		-0.122	-0.117

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	54.1	21.56	1	-30.2	8.81
	Rest of World	144	71	54.1	21.15	12	-10.9	3.40
	US	193	93	52.9	21.00	9	-18.6	3.02

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	42.1	15.26	3	-10.3	14.75	-20.0	-53.68	13.73	0.2448	0.0563	-0.938	-0.379
73	47.6	19.58	18	-3.9	4.11	-7.0	-17.46	3.46	0.1893		-0.507	-0.477
100	49.1	20.96	23	-7.5	4.77	-11.1	-22.10	-0.11	0.0477		-0.490	-0.462

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	**Female**	147	72	58.0	19.93	73	-7.8	2.42
	Male	205	101	50.2	21.19	93	-10.2	2.12

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
75	52.7	20.74	65	-6.0	2.35	-1.8	-7.32	3.79	0.5332	0.8083	-0.075	-0.074
104	45.1	19.28	91	-7.3	2.12	-2.9	-7.67	1.85	0.2304		-0.342	-0.339

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	147	72	58.0	19.93	37	-15.2	2.63
	Male	205	101	50.2	21.19	58	-14.0	2.18

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
75	52.7	20.74	40	-8.7	2.64	-6.4	-12.80	-0.04	0.0487	0.8083	-0.209	-0.204
104	45.1	19.28	73	-6.8	2.28	-7.2	-12.36	-2.08	0.0060		-0.715	-0.705

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	147	72	58.0	19.93	22	-16.6	2.85
	Male	205	101	50.2	21.19	37	-13.3	2.29

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
75	52.7	20.74	32	-6.3	3.15	-10.4	-17.96	-2.81	0.0073	0.8083	-0.380	-0.368
104	45.1	19.28	61	-4.0	2.60	-9.2	-15.09	-3.41	0.0020		-0.693	-0.680

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	147	72	58.0	19.93	15	-16.9	3.03
	Male	205	101	50.2	21.19	25	-14.3	2.47

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
75	52.7	20.74	29	-5.5	3.75	-11.3	-20.15	-2.49	0.0121	0.8083	-0.305	-0.293
104	45.1	19.28	47	-6.5	3.05	-7.8	-14.70	-0.97	0.0254		-0.506	-0.494

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	147	72	58.0	19.93	12	-17.3	3.30
	Male	205	101	50.2	21.19	17	-16.3	2.68

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
75	52.7	20.74	24	-7.0	4.30	-10.3	-20.37	-0.22	0.0452	0.8083	-0.205	-0.195
104	45.1	19.28	38	-6.6	3.62	-9.7	-17.78	-1.54	0.0198		-0.555	-0.537

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.1: Subgroup Analyses of Change from Baseline for the SKINDEX-29 Total Score and EQ-5D-3L VAS; LPP[1] Population

Endpoint: Skindex-29 Total Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	147	72	58.0	19.93	10	-19.9	3.85
	Male	205	101	50.2	21.19	12	-16.9	2.95

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
75	52.7	20.74	15	-8.3	4.77	-11.6	-23.13	-0.01	0.0497	0.8083	-0.560	-0.519
104	45.1	19.28	29	-7.7	4.25	-9.1	-18.71	0.42	0.0609		-0.656	-0.628

Abbreviations: LPP = Longitudinal Patient Population, VAS = Visual Analog Scale, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (13DEC18:12:10:24) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	185	98	3.3	0.82	78	-0.3	0.09
	>=65 years	177	80	3.1	0.90	87	-0.4	0.10

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	3.1	0.85	87	-0.4	0.10	0.1	-0.10	0.35	0.2661	0.3041	0.168	0.167
97	2.9	0.84	73	-0.3	0.10	-0.1	-0.31	0.14	0.4427		-0.126	-0.125

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	185	98	3.3	0.82	49	-0.5	0.10
	>=65 years	177	80	3.1	0.90	49	-0.6	0.11

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	3.1	0.85	65	-0.5	0.11	-0.0	-0.26	0.22	0.8504	0.3041	-0.118	-0.116
97	2.9	0.84	55	-0.4	0.11	-0.2	-0.46	0.04	0.0955		-0.397	-0.391

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	185	98	3.3	0.82	26	-0.5	0.10
	>=65 years	177	80	3.1	0.90	33	-0.7	0.12

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	3.1	0.85	56	-0.4	0.13	-0.1	-0.36	0.21	0.5845	0.3041	-0.005	-0.005
97	2.9	0.84	43	-0.4	0.12	-0.3	-0.63	-0.06	0.0166		-0.523	-0.511

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	185	98	3.3	0.82	21	-0.5	0.11
	>=65 years	177	80	3.1	0.90	18	-0.6	0.12

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	3.1	0.85	46	-0.5	0.15	-0.0	-0.37	0.28	0.7921	0.3041	0.032	0.031
97	2.9	0.84	38	-0.2	0.15	-0.4	-0.72	-0.03	0.0317		-0.340	-0.329

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	185	98	3.3	0.82	15	-0.7	0.12
	>=65 years	177	80	3.1	0.90	12	-0.6	0.13

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	3.1	0.85	38	-0.4	0.17	-0.3	-0.64	0.11	0.1692	0.3041	-0.127	-0.123
97	2.9	0.84	32	-0.2	0.18	-0.4	-0.77	0.04	0.0757		-0.461	-0.442

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	185	98	3.3	0.82	11	-0.8	0.13
	>=65 years	177	80	3.1	0.90	12	-0.6	0.15

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	3.1	0.85	26	-0.4	0.20	-0.4	-0.81	0.07	0.0979	0.3041	-0.399	-0.380
97	2.9	0.84	22	-0.3	0.19	-0.3	-0.75	0.15	0.1927		-0.478	-0.453

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	121	61	3.1	0.88	52	-0.2	0.12
	Yes	239	117	3.2	0.85	112	-0.4	0.09

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
60	2.8	0.92	55	-0.4	0.12	0.1	-0.15	0.40	0.3610	0.0827	0.152	0.150
122	3.1	0.80	105	-0.4	0.09	-0.0	-0.22	0.17	0.7995		-0.050	-0.050

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	121	61	3.1	0.88	34	-0.3	0.12
	Yes	239	117	3.2	0.85	64	-0.7	0.10

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
60	2.8	0.92	36	-0.4	0.13	0.1	-0.17	0.43	0.3966	0.0827	-0.036	-0.035
122	3.1	0.80	84	-0.5	0.10	-0.2	-0.43	-0.01	0.0397		-0.312	-0.308

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	121	61	3.1	0.88	23	-0.2	0.14
	Yes	239	117	3.2	0.85	36	-0.7	0.10

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
60	2.8	0.92	25	-0.2	0.14	0.0	-0.33	0.37	0.9126	0.0827	-0.066	-0.064
122	3.1	0.80	74	-0.5	0.12	-0.3	-0.51	-0.02	0.0347		-0.218	-0.214

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	121	61	3.1	0.88	15	-0.0	0.16
	Yes	239	117	3.2	0.85	24	-0.7	0.10

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
60	2.8	0.92	17	-0.2	0.17	0.2	-0.25	0.59	0.4261	0.0827	0.025	0.024
122	3.1	0.80	67	-0.5	0.14	-0.3	-0.56	0.01	0.0583		-0.003	-0.003

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	121	61	3.1	0.88	10	-0.1	0.19
	Yes	239	117	3.2	0.85	17	-0.8	0.11

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
60	2.8	0.92	12	-0.1	0.20	-0.0	-0.55	0.46	0.8639	0.0827	-0.072	-0.066
122	3.1	0.80	58	-0.5	0.16	-0.3	-0.65	0.01	0.0572		-0.126	-0.123

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	121	61	3.1	0.88	8	-0.1	0.23
	Yes	239	117	3.2	0.85	15	-0.9	0.12

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
60	2.8	0.92	7	-0.1	0.23	-0.0	-0.62	0.61	0.9813	0.0827	-0.403	-0.353
122	3.1	0.80	41	-0.5	0.17	-0.4	-0.74	0.01	0.0551		-0.280	-0.272

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	136	66	3.1	0.88	60	-0.3	0.11
	III/IV	226	112	3.2	0.85	105	-0.4	0.09

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
70	2.8	0.95	59	-0.5	0.11	0.2	-0.03	0.48	0.0885	<.0001	0.269	0.265
114	3.1	0.78	101	-0.3	0.09	-0.1	-0.28	0.11	0.3976		-0.138	-0.137

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	136	66	3.1	0.88	33	-0.3	0.12
	III/IV	226	112	3.2	0.85	65	-0.7	0.09

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
70	2.8	0.95	38	-0.6	0.12	0.3	0.06	0.63	0.0193	<.0001	0.372	0.363
114	3.1	0.78	82	-0.4	0.10	-0.3	-0.55	-0.14	0.0013		-0.554	-0.548

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	136	66	3.1	0.88	20	-0.2	0.13
	III/IV	226	112	3.2	0.85	39	-0.8	0.10

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
70	2.8	0.95	32	-0.4	0.15	0.2	-0.14	0.53	0.2603	<.0001	0.157	0.152
114	3.1	0.78	67	-0.4	0.11	-0.4	-0.64	-0.16	0.0012		-0.421	-0.414

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	136	66	3.1	0.88	14	-0.1	0.14
	III/IV	226	112	3.2	0.85	25	-0.8	0.10

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
70	2.8	0.95	25	-0.5	0.17	0.3	-0.08	0.72	0.1118	<.0001	0.103	0.098
114	3.1	0.78	59	-0.3	0.13	-0.5	-0.73	-0.17	0.0020		-0.207	-0.202

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	136	66	3.1	0.88	12	-0.2	0.16
	III/IV	226	112	3.2	0.85	15	-0.9	0.11

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
70	2.8	0.95	18	-0.5	0.19	0.3	-0.11	0.80	0.1368	<.0001	0.214	0.201
114	3.1	0.78	52	-0.2	0.16	-0.6	-0.97	-0.29	0.0003		-0.425	-0.414

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	136	66	3.1	0.88	11	-0.3	0.20
	III/IV	226	112	3.2	0.85	12	-0.9	0.11

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
70	2.8	0.95	9	-0.5	0.21	0.2	-0.35	0.73	0.4914	<.0001	-0.324	-0.295
114	3.1	0.78	39	-0.3	0.18	-0.6	-0.96	-0.17	0.0053		-0.366	-0.353

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	198	101	3.1	0.83	84	-0.2	0.09
	Sezary Syndrome (SS)	164	77	3.2	0.90	81	-0.4	0.11

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
97	2.9	0.91	92	-0.4	0.09	0.2	-0.01	0.41	0.0660	0.0003	0.219	0.217
87	3.2	0.75	68	-0.3	0.11	-0.2	-0.39	0.07	0.1677		-0.267	-0.264

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	198	101	3.1	0.83	53	-0.4	0.09
	Sezary Syndrome (SS)	164	77	3.2	0.90	45	-0.8	0.11

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
97	2.9	0.91	62	-0.6	0.10	0.2	-0.03	0.44	0.0897	0.0003	0.147	0.145
87	3.2	0.75	58	-0.3	0.12	-0.5	-0.71	-0.21	0.0003		-0.717	-0.705

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	198	101	3.1	0.83	35	-0.4	0.10
	Sezary Syndrome (SS)	164	77	3.2	0.90	24	-0.8	0.12

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
97	2.9	0.91	49	-0.4	0.12	0.0	-0.25	0.29	0.8783	0.0003	-0.109	-0.106
87	3.2	0.75	50	-0.4	0.14	-0.4	-0.71	-0.12	0.0060		-0.350	-0.341

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	198	101	3.1	0.83	24	-0.3	0.11
	Sezary Syndrome (SS)	164	77	3.2	0.90	15	-0.8	0.12

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
97	2.9	0.91	41	-0.4	0.13	0.1	-0.20	0.43	0.4659	0.0003	0.023	0.022
87	3.2	0.75	43	-0.3	0.17	-0.5	-0.89	-0.18	0.0030		-0.236	-0.229

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	198	101	3.1	0.83	18	-0.4	0.12
	Sezary Syndrome (SS)	164	77	3.2	0.90	9	-0.9	0.13

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
97	2.9	0.91	32	-0.5	0.15	0.1	-0.28	0.44	0.6731	0.0003	0.091	0.088
87	3.2	0.75	38	-0.1	0.20	-0.8	-1.22	-0.37	0.0003		-0.713	-0.686

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	198	101	3.1	0.83	14	-0.4	0.14
	Sezary Syndrome (SS)	164	77	3.2	0.90	9	-0.9	0.14

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
97	2.9	0.91	22	-0.4	0.17	-0.0	-0.45	0.38	0.8668	0.0003	-0.181	-0.172
87	3.2	0.75	26	-0.3	0.22	-0.6	-1.11	-0.17	0.0081		-0.738	-0.701

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	2.8	0.71	6	-1.0	0.27
	Rest of World	151	75	3.2	0.89	68	-0.2	0.09
	US	196	94	3.2	0.85	91	-0.2	0.08

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	2.1	0.71	7	-0.3	0.30	-0.8	-1.57	0.00	0.0511	0.0662	-1.263	-1.080
76	3.0	0.80	71	-0.2	0.09	-0.0	-0.28	0.20	0.7405		-0.164	-0.162
102	3.1	0.87	82	-0.4	0.08	0.1	-0.07	0.36	0.1928		0.242	0.239

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	2.8	0.71	4	-1.1	0.27
	Rest of World	151	75	3.2	0.89	45	-0.2	0.09
	US	196	94	3.2	0.85	49	-0.6	0.09

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	2.1	0.71	7	-0.2	0.33	-0.9	-1.73	-0.07	0.0334	0.0662	-1.323	-1.094
76	3.0	0.80	52	-0.3	0.10	0.1	-0.19	0.32	0.6218		0.056	0.055
102	3.1	0.87	61	-0.4	0.09	-0.2	-0.45	0.03	0.0849		-0.398	-0.392

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	2.8	0.71	2	-1.2	0.30
	Rest of World	151	75	3.2	0.89	29	-0.3	0.10
	US	196	94	3.2	0.85	28	-0.6	0.09

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	2.1	0.71	5	-0.1	0.41	-1.1	-2.12	-0.13	0.0274	0.0662	-1.247	-0.888
76	3.0	0.80	42	-0.3	0.11	-0.0	-0.29	0.29	0.9983		-0.034	-0.033
102	3.1	0.87	52	-0.3	0.11	-0.3	-0.61	-0.05	0.0211		-0.319	-0.312

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	2.8	0.71	2	-0.9	0.31
	Rest of World	151	75	3.2	0.89	21	-0.3	0.11
	US	196	94	3.2	0.85	16	-0.6	0.10

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	2.1	0.71	5	0.3	0.46	-1.3	-2.36	-0.20	0.0198	0.0662	-1.333	-0.949
76	3.0	0.80	35	-0.2	0.13	-0.1	-0.42	0.26	0.6330		-0.143	-0.138
102	3.1	0.87	44	-0.4	0.15	-0.2	-0.55	0.14	0.2446		0.117	0.114

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	2.8	0.71	1	-1.1	0.36
	Rest of World	151	75	3.2	0.89	18	-0.4	0.12
	US	196	94	3.2	0.85	8	-0.6	0.11

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	2.1	0.71	3	0.2	0.59	-1.3	-2.63	0.05	0.0596	0.0662	-1.651	-0.667
76	3.0	0.80	31	-0.1	0.15	-0.3	-0.70	0.05	0.0863		-0.436	-0.420
102	3.1	0.87	36	-0.6	0.20	-0.1	-0.51	0.37	0.7437		0.194	0.186

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	2.8	0.71	1	-0.8	0.38
	Rest of World	151	75	3.2	0.89	13	-0.4	0.14
	US	196	94	3.2	0.85	9	-0.8	0.13

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	2.1	0.71	3	0.4	0.65	-1.1	-2.60	0.34	0.1321	0.0662	-1.232	-0.498
76	3.0	0.80	20	-0.2	0.17	-0.2	-0.67	0.20	0.2968		-0.538	-0.509
102	3.1	0.87	25	-0.5	0.21	-0.3	-0.79	0.17	0.2101		-0.180	-0.171

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	152	73	3.5	0.76	75	-0.3	0.11
	Male	210	105	3.0	0.87	90	-0.4	0.09

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
79	3.3	0.87	65	-0.4	0.10	0.1	-0.18	0.30	0.6266	0.7603	0.095	0.094
105	2.8	0.80	95	-0.4	0.09	-0.0	-0.21	0.21	0.9939		-0.069	-0.069

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	152	73	3.5	0.76	35	-0.6	0.11
	Male	210	105	3.0	0.87	63	-0.5	0.10

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
79	3.3	0.87	44	-0.5	0.12	-0.1	-0.40	0.16	0.4000	0.7603	-0.085	-0.083
105	2.8	0.80	76	-0.4	0.10	-0.1	-0.33	0.11	0.3222		-0.393	-0.388

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	152	73	3.5	0.76	21	-0.6	0.12
	Male	210	105	3.0	0.87	38	-0.6	0.10

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
79	3.3	0.87	33	-0.5	0.14	-0.1	-0.39	0.28	0.7379	0.7603	-0.063	-0.061
105	2.8	0.80	66	-0.3	0.11	-0.3	-0.53	-0.03	0.0283		-0.412	-0.405

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	152	73	3.5	0.76	15	-0.6	0.13
	Male	210	105	3.0	0.87	24	-0.5	0.11

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
79	3.3	0.87	32	-0.4	0.17	-0.2	-0.58	0.19	0.3230	0.7603	-0.079	-0.076
105	2.8	0.80	52	-0.4	0.14	-0.2	-0.49	0.11	0.2044		-0.175	-0.171

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	152	73	3.5	0.76	10	-0.6	0.14
	Male	210	105	3.0	0.87	17	-0.7	0.11

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
79	3.3	0.87	27	-0.3	0.20	-0.3	-0.71	0.18	0.2420	0.7603	-0.156	-0.149
105	2.8	0.80	43	-0.4	0.16	-0.3	-0.68	0.02	0.0624		-0.362	-0.351

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Itchy QoL Total Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	152	73	3.5	0.76	11	-0.8	0.16
	Male	210	105	3.0	0.87	12	-0.6	0.12

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
79	3.3	0.87	16	-0.4	0.20	-0.4	-0.86	0.12	0.1425	0.7603	-0.465	-0.434
105	2.8	0.80	32	-0.3	0.19	-0.3	-0.75	0.08	0.1127		-0.562	-0.540

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	183	96	6.3	2.90	79	-0.8	0.32
	>=65 years	177	84	6.1	2.86	87	-1.3	0.34

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	6.3	2.74	89	-1.3	0.34	0.5	-0.30	1.23	0.2333	0.7837	0.190	0.188
93	6.3	2.72	77	-1.3	0.32	0.1	-0.73	0.83	0.8972		0.141	0.140

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	183	96	6.3	2.90	49	-1.5	0.34
	>=65 years	177	84	6.1	2.86	46	-2.2	0.37

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	6.3	2.74	64	-1.2	0.38	-0.3	-1.15	0.60	0.5386	0.7837	-0.101	-0.100
93	6.3	2.72	54	-1.7	0.38	-0.5	-1.37	0.46	0.3276		-0.111	-0.109

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	183	96	6.3	2.90	29	-1.1	0.36
	>=65 years	177	84	6.1	2.86	29	-1.8	0.40

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	6.3	2.74	53	-1.3	0.46	0.2	-0.85	1.24	0.7161	0.7837	0.152	0.149
93	6.3	2.72	46	-1.4	0.46	-0.4	-1.45	0.72	0.5094		-0.035	-0.035

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	183	96	6.3	2.90	22	-1.1	0.39
	>=65 years	177	84	6.1	2.86	16	-1.6	0.43

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	6.3	2.74	47	-1.6	0.53	0.4	-0.76	1.64	0.4702	0.7837	0.172	0.167
93	6.3	2.72	38	-1.6	0.59	-0.1	-1.41	1.28	0.9208		0.031	0.030

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	183	96	6.3	2.90	16	-1.8	0.42
	>=65 years	177	84	6.1	2.86	11	-2.1	0.47

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	6.3	2.74	38	-1.7	0.62	-0.2	-1.55	1.23	0.8225	0.7837	-0.136	-0.132
93	6.3	2.72	31	-2.5	0.71	0.4	-1.22	1.97	0.6457		0.069	0.066

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	183	96	6.3	2.90	12	-2.1	0.49
	>=65 years	177	84	6.1	2.86	10	-2.3	0.52

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
87	6.3	2.74	26	-1.7	0.71	-0.3	-1.95	1.29	0.6920	0.7837	-0.345	-0.329
93	6.3	2.72	24	-2.2	0.77	-0.1	-1.87	1.65	0.9023		-0.239	-0.226

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	122	61	5.4	3.21	54	-0.8	0.40
	Yes	236	119	6.6	2.60	111	-1.2	0.31

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
61	5.6	2.80	57	-1.3	0.39	0.5	-0.45	1.42	0.3110	0.0747	0.243	0.239
117	6.7	2.60	109	-1.3	0.32	0.2	-0.50	0.83	0.6245		0.132	0.131

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	122	61	5.4	3.21	35	-1.0	0.44
	Yes	236	119	6.6	2.60	60	-2.2	0.33

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
61	5.6	2.80	37	-1.7	0.44	0.8	-0.31	1.84	0.1629	0.0747	0.344	0.336
117	6.7	2.60	81	-1.3	0.36	-0.9	-1.66	-0.11	0.0247		-0.261	-0.257

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	122	61	5.4	3.21	24	-0.6	0.50
	Yes	236	119	6.6	2.60	34	-1.8	0.35

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
61	5.6	2.80	27	-1.1	0.51	0.6	-0.71	1.83	0.3883	0.0747	0.231	0.223
117	6.7	2.60	72	-1.5	0.44	-0.3	-1.19	0.69	0.5983		0.104	0.102

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	122	61	5.4	3.21	16	-0.7	0.59
	Yes	236	119	6.6	2.60	22	-1.6	0.35

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
61	5.6	2.80	17	-1.8	0.61	1.1	-0.48	2.64	0.1740	0.0747	0.474	0.448
117	6.7	2.60	68	-1.5	0.53	-0.2	-1.29	0.94	0.7614		0.092	0.090

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	122	61	5.4	3.21	11	-1.6	0.70
	Yes	236	119	6.6	2.60	16	-2.1	0.37

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
61	5.6	2.80	12	-1.7	0.73	0.1	-1.82	1.97	0.9379	0.0747	-0.126	-0.116
117	6.7	2.60	57	-2.2	0.62	0.1	-1.18	1.41	0.8577		0.071	0.069

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	122	61	5.4	3.21	9	0.0	0.89
	Yes	236	119	6.6	2.60	13	-2.6	0.41

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
61	5.6	2.80	7	-1.7	0.82	1.8	-0.52	4.05	0.1305	0.0747	0.121	0.107
117	6.7	2.60	43	-2.0	0.69	-0.6	-2.08	0.85	0.4065		-0.182	-0.177

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	138	67	5.6	3.12	63	-0.6	0.38
	III/IV	222	113	6.5	2.67	103	-1.4	0.30

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
71	5.7	2.81	62	-1.6	0.37	1.1	0.19	1.92	0.0174	<.0001	0.484	0.477
109	6.6	2.60	104	-1.2	0.31	-0.2	-0.89	0.46	0.5274		-0.011	-0.011

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	138	67	5.6	3.12	34	-1.0	0.42
	III/IV	222	113	6.5	2.67	61	-2.3	0.32

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
71	5.7	2.81	41	-2.1	0.44	1.1	0.09	2.16	0.0329	<.0001	0.452	0.441
109	6.6	2.60	77	-1.1	0.35	-1.2	-1.96	-0.41	0.0028		-0.359	-0.355

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	138	67	5.6	3.12	22	-0.4	0.46
	III/IV	222	113	6.5	2.67	36	-2.0	0.34

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
71	5.7	2.81	33	-1.5	0.53	1.1	-0.13	2.34	0.0793	<.0001	0.452	0.437
109	6.6	2.60	66	-1.4	0.41	-0.7	-1.60	0.25	0.1543		-0.073	-0.072

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	138	67	5.6	3.12	15	-0.2	0.51
	III/IV	222	113	6.5	2.67	23	-2.0	0.36

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
71	5.7	2.81	25	-2.0	0.63	1.8	0.34	3.28	0.0160	<.0001	0.565	0.540
109	6.6	2.60	60	-1.4	0.50	-0.6	-1.71	0.50	0.2827		-0.012	-0.012

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	138	67	5.6	3.12	13	-1.1	0.59
	III/IV	222	113	6.5	2.67	14	-2.4	0.37

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
71	5.7	2.81	17	-2.9	0.69	1.8	0.12	3.50	0.0360	<.0001	0.284	0.267
109	6.6	2.60	52	-1.4	0.62	-1.0	-2.38	0.30	0.1290		-0.220	-0.214

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	138	67	5.6	3.12	12	0.2	0.77
	III/IV	222	113	6.5	2.67	10	-2.9	0.40

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
71	5.7	2.81	9	-2.8	0.73	2.9	0.91	4.92	0.0044	<.0001	0.263	0.240
109	6.6	2.60	41	-1.3	0.74	-1.7	-3.25	-0.07	0.0403		-0.348	-0.336

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	200	102	5.9	3.01	88	-0.9	0.30
	Sezary Syndrome (SS)	160	78	6.6	2.64	78	-1.3	0.38

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
98	5.6	2.88	96	-1.5	0.32	0.7	-0.03	1.42	0.0606	0.0059	0.243	0.240
82	7.0	2.31	70	-1.0	0.37	-0.2	-1.05	0.56	0.5486		0.040	0.039

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	200	102	5.9	3.01	54	-1.4	0.33
	Sezary Syndrome (SS)	160	78	6.6	2.64	41	-2.2	0.39

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
98	5.6	2.88	63	-1.9	0.36	0.5	-0.30	1.39	0.2068	0.0059	0.143	0.141
82	7.0	2.31	55	-0.8	0.42	-1.4	-2.37	-0.50	0.0028		-0.367	-0.360

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	200	102	5.9	3.01	36	-1.0	0.37
	Sezary Syndrome (SS)	160	78	6.6	2.64	22	-1.8	0.41

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
98	5.6	2.88	49	-1.5	0.42	0.5	-0.51	1.48	0.3388	0.0059	0.125	0.123
82	7.0	2.31	50	-1.2	0.53	-0.6	-1.77	0.53	0.2879		0.104	0.102

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	200	102	5.9	3.01	25	-1.0	0.40
	Sezary Syndrome (SS)	160	78	6.6	2.64	13	-1.7	0.43

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
98	5.6	2.88	41	-1.8	0.49	0.8	-0.32	2.00	0.1554	0.0059	0.178	0.173
82	7.0	2.31	44	-1.2	0.67	-0.6	-1.97	0.86	0.4421		0.095	0.092

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	200	102	5.9	3.01	19	-1.7	0.45
	Sezary Syndrome (SS)	160	78	6.6	2.64	8	-2.2	0.45

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
98	5.6	2.88	31	-2.4	0.57	0.7	-0.67	2.02	0.3218	0.0059	-0.017	-0.016
82	7.0	2.31	38	-1.4	0.83	-0.8	-2.57	0.89	0.3421		-0.103	-0.099

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	200	102	5.9	3.01	15	-1.4	0.52
	Sezary Syndrome (SS)	160	78	6.6	2.64	7	-2.7	0.50

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
98	5.6	2.88	22	-2.3	0.64	0.9	-0.69	2.42	0.2740	0.0059	-0.126	-0.119
82	7.0	2.31	28	-1.2	0.92	-1.5	-3.49	0.41	0.1209		-0.464	-0.440

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	5.2	3.53	6	-2.2	0.96
	Rest of World	154	77	5.9	2.65	68	-0.8	0.30
	US	191	94	6.5	2.97	92	-0.9	0.28

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	4.7	3.78	7	-1.5	1.04	-0.7	-3.42	2.08	0.6330	0.5949	-0.297	-0.255
77	6.1	2.68	74	-1.0	0.31	0.2	-0.63	1.03	0.6393		0.130	0.128
97	6.5	2.66	85	-1.3	0.27	0.4	-0.33	1.15	0.2810		0.213	0.211

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	5.2	3.53	4	-2.7	0.96
	Rest of World	154	77	5.9	2.65	46	-1.0	0.33
	US	191	94	6.5	2.97	45	-2.2	0.32

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	4.7	3.78	7	-0.4	1.19	-2.3	-5.32	0.64	0.1231	0.5949	-0.723	-0.598
77	6.1	2.68	55	-1.2	0.35	0.2	-0.70	1.15	0.6329		0.094	0.093
97	6.5	2.66	56	-1.5	0.34	-0.7	-1.63	0.16	0.1085		-0.223	-0.219

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	5.2	3.53	2	-1.5	1.07
	Rest of World	154	77	5.9	2.65	29	-0.7	0.37
	US	191	94	6.5	2.97	27	-1.8	0.34

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	4.7	3.78	5	-0.3	1.59	-1.2	-4.94	2.57	0.5346	0.5949	-0.336	-0.239
77	6.1	2.68	42	-1.2	0.43	0.4	-0.69	1.50	0.4637		0.254	0.247
97	6.5	2.66	52	-1.4	0.44	-0.4	-1.49	0.67	0.4585		-0.012	-0.012

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	5.2	3.53	2	-1.5	1.11
	Rest of World	154	77	5.9	2.65	21	-1.3	0.40
	US	191	94	6.5	2.97	15	-1.2	0.37

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	4.7	3.78	5	-0.1	1.72	-1.4	-5.44	2.56	0.4800	0.5949	-0.465	-0.331
77	6.1	2.68	36	-1.6	0.51	0.3	-0.95	1.58	0.6234		0.130	0.126
97	6.5	2.66	44	-1.3	0.59	0.1	-1.22	1.48	0.8513		0.134	0.130

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	5.2	3.53	1	-2.4	1.34
	Rest of World	154	77	5.9	2.65	18	-1.8	0.44
	US	191	94	6.5	2.97	8	-1.8	0.41

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	4.7	3.78	3	-1.2	2.26	-1.2	-6.34	3.96	0.6505	0.5949	-0.385	-0.156
77	6.1	2.68	31	-1.6	0.57	-0.3	-1.66	1.13	0.7118		-0.243	-0.234
97	6.5	2.66	35	-2.5	0.79	0.8	-0.98	2.50	0.3933		0.192	0.184

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	5.2	3.53	1	-2.7	1.42
	Rest of World	154	77	5.9	2.65	13	-2.0	0.51
	US	191	94	6.5	2.97	8	-2.1	0.47

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	4.7	3.78	3	-1.9	2.43	-0.8	-6.31	4.71	0.7758	0.5949	-0.473	-0.191
77	6.1	2.68	21	-1.2	0.65	-0.8	-2.42	0.85	0.3445		-0.729	-0.690
97	6.5	2.66	26	-2.8	0.85	0.7	-1.15	2.64	0.4402		0.202	0.191

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	150	74	6.7	2.69	73	-0.6	0.35
	Male	210	106	5.8	2.96	93	-1.3	0.31

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
76	6.5	2.82	66	-0.9	0.35	0.4	-0.47	1.20	0.3927	0.7544	0.146	0.144
104	6.1	2.65	100	-1.6	0.31	0.2	-0.47	0.95	0.5069		0.201	0.199

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	150	74	6.7	2.69	33	-2.0	0.39
	Male	210	106	5.8	2.96	62	-1.7	0.33

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
76	6.5	2.82	45	-1.4	0.43	-0.6	-1.60	0.45	0.2693	0.7544	-0.033	-0.032
104	6.1	2.65	73	-1.5	0.34	-0.2	-0.97	0.62	0.6683		-0.124	-0.122

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	150	74	6.7	2.69	19	-1.2	0.43
	Male	210	106	5.8	2.96	39	-1.6	0.35

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
76	6.5	2.82	35	-1.6	0.54	0.5	-0.80	1.74	0.4635	0.7544	0.118	0.114
104	6.1	2.65	64	-1.3	0.41	-0.3	-1.23	0.62	0.5208		0.048	0.047

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	150	74	6.7	2.69	14	-1.3	0.45
	Male	210	106	5.8	2.96	24	-1.3	0.37

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
76	6.5	2.82	34	-1.9	0.64	0.6	-0.87	2.05	0.4249	0.7544	0.252	0.242
104	6.1	2.65	51	-1.4	0.50	0.1	-1.07	1.17	0.9292		0.022	0.022

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	150	74	6.7	2.69	10	-1.9	0.48
	Male	210	106	5.8	2.96	17	-1.9	0.41

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
76	6.5	2.82	29	-2.0	0.75	0.1	-1.59	1.78	0.9125	0.7544	-0.328	-0.312
104	6.1	2.65	40	-2.0	0.59	0.1	-1.24	1.42	0.8908		0.097	0.094

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.2: Subgroup Analyses of Change from Baseline for the ItchyQoL Total Score; LPP[1] Population

Endpoint: Pruritus Likert Scale Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	150	74	6.7	2.69	10	-2.1	0.57
	Male	210	106	5.8	2.96	12	-2.2	0.45

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
76	6.5	2.82	18	-1.9	0.78	-0.2	-2.04	1.67	0.8455	0.7544	-0.509	-0.477
104	6.1	2.65	32	-2.0	0.70	-0.2	-1.77	1.36	0.7971		-0.137	-0.131

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	186	97	68.5	17.33	83	3.5	1.56
	>=65 years	175	80	73.7	15.94	89	3.3	1.69

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
89	71.6	17.13	90	-0.7	1.61	4.3	0.65	7.88	0.0209	0.6604	0.461	0.456
95	76.0	16.56	74	0.4	1.56	2.8	-0.89	6.58	0.1347		0.304	0.301

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	186	97	68.5	17.33	50	5.1	1.64
	>=65 years	175	80	73.7	15.94	47	3.8	1.80

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
89	71.6	17.13	66	-3.8	1.80	8.9	4.83	13.00	<.0001	0.6604	0.797	0.785
95	76.0	16.56	54	-4.3	1.78	8.1	3.78	12.38	0.0002		0.578	0.568

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	186	97	68.5	17.33	29	4.8	1.75
	>=65 years	175	80	73.7	15.94	30	4.2	1.92

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
89	71.6	17.13	54	-4.0	2.18	8.8	3.91	13.69	0.0004	0.6604	0.558	0.546
95	76.0	16.56	45	-3.5	2.12	7.6	2.61	12.69	0.0030		0.663	0.648

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	186	97	68.5	17.33	22	4.7	1.89
	>=65 years	175	80	73.7	15.94	17	4.2	2.06

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
89	71.6	17.13	44	-1.6	2.51	6.3	0.63	11.93	0.0294	0.6604	0.351	0.341
95	76.0	16.56	38	-1.1	2.68	5.3	-0.84	11.51	0.0901		0.525	0.508

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	186	97	68.5	17.33	16	4.9	2.09
	>=65 years	175	80	73.7	15.94	12	5.4	2.19

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
89	71.6	17.13	34	-0.2	2.92	5.1	-1.49	11.67	0.1290	0.6604	0.299	0.288
95	76.0	16.56	33	-2.3	3.21	7.8	0.48	15.04	0.0366		0.497	0.477

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
AGE GROUP	<65 years	186	97	68.5	17.33	11	3.7	2.39
	>=65 years	175	80	73.7	15.94	10	1.7	2.45

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
89	71.6	17.13	24	-2.3	3.43	5.9	-1.89	13.76	0.1368	0.6604	0.381	0.361
95	76.0	16.56	24	1.2	3.61	0.4	-7.83	8.70	0.9184		0.134	0.127

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	122	60	68.7	15.82	60	2.7	1.93
	Yes	237	117	72.0	17.35	111	3.9	1.53

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
62	73.9	17.17	56	-0.5	1.84	3.2	-1.21	7.57	0.1558	0.0106	0.387	0.381
120	73.7	16.95	108	0.2	1.54	3.7	0.53	6.88	0.0223		0.384	0.380

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	122	60	68.7	15.82	37	1.2	2.08
	Yes	237	117	72.0	17.35	60	6.3	1.60

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
62	73.9	17.17	38	-2.6	2.05	3.8	-1.16	8.81	0.1320	0.0106	0.509	0.497
120	73.7	16.95	82	-4.8	1.73	11.1	7.43	14.69	<.0001		0.772	0.763

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	122	60	68.7	15.82	25	-1.1	2.35
	Yes	237	117	72.0	17.35	34	7.0	1.66

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
62	73.9	17.17	26	-5.5	2.37	4.3	-1.56	10.25	0.1488	0.0106	0.525	0.507
120	73.7	16.95	73	-2.2	2.07	9.2	4.87	13.57	<.0001		0.562	0.553

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	122	60	68.7	15.82	17	-2.3	2.76
	Yes	237	117	72.0	17.35	22	7.1	1.72

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
62	73.9	17.17	17	-2.3	2.79	0.0	-7.15	7.19	0.9957	0.0106	0.188	0.178
120	73.7	16.95	65	-0.5	2.47	7.6	2.38	12.76	0.0043		0.387	0.379

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	122	60	68.7	15.82	11	-3.1	3.34
	Yes	237	117	72.0	17.35	17	7.8	1.81

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
62	73.9	17.17	11	-0.1	3.37	-3.0	-11.87	5.82	0.5019	0.0106	-0.483	-0.443
120	73.7	16.95	56	-1.7	2.84	9.5	3.50	15.47	0.0019		0.560	0.547

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
BLOOD INVOLVEMENT	No	122	60	68.7	15.82	9	-6.7	4.13
	Yes	237	117	72.0	17.35	12	5.3	1.98

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
62	73.9	17.17	7	-0.5	3.82	-6.2	-16.83	4.42	0.2521	0.0106	-0.965	-0.854
120	73.7	16.95	41	-0.5	3.28	5.7	-1.27	12.76	0.1081		0.425	0.411

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	138	66	68.4	17.14	68	3.3	1.88
	III/IV	223	111	72.3	16.61	104	3.7	1.48

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
72	74.5	17.95	61	-0.2	1.80	3.5	-0.60	7.68	0.0941	0.0005	0.455	0.449
112	73.5	16.32	103	0.2	1.51	3.5	0.28	6.76	0.0335		0.336	0.333

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	138	66	68.4	17.14	34	2.0	2.03
	III/IV	223	111	72.3	16.61	63	6.1	1.55

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
72	74.5	17.95	40	-1.6	2.08	3.6	-1.30	8.52	0.1498	0.0005	0.509	0.497
112	73.5	16.32	80	-5.0	1.66	11.1	7.49	14.75	<.0001		0.779	0.770

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	138	66	68.4	17.14	22	0.5	2.21
	III/IV	223	111	72.3	16.61	37	6.8	1.64

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
72	74.5	17.95	32	-1.8	2.48	2.2	-3.62	8.02	0.4581	0.0005	0.319	0.309
112	73.5	16.32	67	-4.5	1.95	11.3	7.02	15.63	<.0001		0.741	0.729

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	138	66	68.4	17.14	16	-0.3	2.43
	III/IV	223	111	72.3	16.61	23	7.0	1.73

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
72	74.5	17.95	25	-0.2	2.88	-0.1	-6.92	6.69	0.9741	0.0005	0.099	0.095
112	73.5	16.32	57	-1.7	2.35	8.7	3.52	13.89	0.0010		0.551	0.539

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	138	66	68.4	17.14	13	-1.7	2.86
	III/IV	223	111	72.3	16.61	15	8.2	1.82

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
72	74.5	17.95	16	3.4	3.24	-5.1	-13.05	2.87	0.2093	0.0005	-0.375	-0.352
112	73.5	16.32	51	-4.5	2.88	12.7	6.45	18.89	<.0001		0.882	0.859

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE STAGE	IB/II	138	66	68.4	17.14	12	-4.0	3.64
	III/IV	223	111	72.3	16.61	9	5.4	1.98

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
72	74.5	17.95	9	2.8	3.45	-6.8	-16.21	2.61	0.1561	0.0005	-0.441	-0.403
112	73.5	16.32	39	-3.0	3.61	8.4	0.69	16.08	0.0327		0.603	0.580

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	199	100	69.6	16.61	93	2.0	1.50
	Sezary Syndrome (SS)	162	77	72.5	17.19	79	4.8	1.85

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
99	75.5	17.43	93	-1.2	1.52	3.2	-0.27	6.72	0.0708	0.1214	0.433	0.429
85	72.1	16.26	71	0.9	1.81	3.8	-0.02	7.68	0.0513		0.349	0.344

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	199	100	69.6	16.61	54	1.5	1.61
	Sezary Syndrome (SS)	162	77	72.5	17.19	43	7.7	1.92

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
99	75.5	17.43	63	-3.9	1.69	5.3	1.32	9.33	0.0092	0.1214	0.613	0.604
85	72.1	16.26	57	-4.6	2.03	12.3	7.92	16.65	<.0001		0.780	0.766

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	199	100	69.6	16.61	36	1.6	1.76
	Sezary Syndrome (SS)	162	77	72.5	17.19	23	7.5	2.00

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
99	75.5	17.43	49	-4.9	1.97	6.6	1.89	11.25	0.0060	0.1214	0.641	0.628
85	72.1	16.26	50	-2.3	2.47	9.8	4.50	15.10	0.0003		0.501	0.488

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	199	100	69.6	16.61	26	1.9	1.92
	Sezary Syndrome (SS)	162	77	72.5	17.19	13	7.1	2.10

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
99	75.5	17.43	40	-1.8	2.27	3.7	-1.75	9.12	0.1832	0.1214	0.437	0.425
85	72.1	16.26	42	-1.5	3.12	8.7	2.06	15.28	0.0102		0.268	0.260

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	199	100	69.6	16.61	19	1.8	2.16
	Sezary Syndrome (SS)	162	77	72.5	17.19	9	8.3	2.20

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
99	75.5	17.43	29	-1.5	2.65	3.2	-3.12	9.60	0.3176	0.1214	0.179	0.173
85	72.1	16.26	38	-1.7	3.75	10.0	2.09	17.86	0.0132		0.532	0.512

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
DISEASE TYPE	Mycosis Fungoides (MF)	199	100	69.6	16.61	14	0.8	2.49
	Sezary Syndrome (SS)	162	77	72.5	17.19	7	4.6	2.43

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
99	75.5	17.43	21	-1.1	3.06	1.9	-5.56	9.34	0.6187	0.1214	0.202	0.192
85	72.1	16.26	27	-0.6	4.31	5.2	-3.89	14.39	0.2601		0.253	0.239

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	61.6	13.64	6	12.0	4.60
	Rest of World	150	74	68.1	17.84	69	1.9	1.47
	US	196	94	73.9	15.78	97	2.8	1.33

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	60.8	16.28	7	-4.5	4.99	16.5	3.31	29.73	0.0143	0.2960	1.268	1.085
76	72.6	16.11	72	-0.3	1.46	2.2	-1.78	6.23	0.2756		0.405	0.400
102	75.6	17.31	85	-0.8	1.24	3.6	0.07	7.08	0.0453		0.298	0.295

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	61.6	13.64	4	8.3	4.60
	Rest of World	150	74	68.1	17.84	44	3.1	1.61
	US	196	94	73.9	15.78	49	4.3	1.46

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	60.8	16.28	7	-7.8	5.62	16.1	1.95	30.26	0.0258	0.2960	0.840	0.695
76	72.6	16.11	51	-5.4	1.67	8.5	4.02	13.01	0.0002		0.635	0.623
102	75.6	17.31	62	-3.6	1.53	7.9	3.85	12.01	0.0001		0.719	0.708

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	61.6	13.64	2	9.5	5.10
	Rest of World	150	74	68.1	17.84	28	3.2	1.76
	US	196	94	73.9	15.78	29	4.1	1.58

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	60.8	16.28	5	-5.8	7.39	15.2	-2.30	32.77	0.0886	0.2960	0.762	0.542
76	72.6	16.11	42	-5.4	2.03	8.6	3.37	13.82	0.0013		0.726	0.708
102	75.6	17.31	52	-3.2	1.98	7.3	2.41	12.22	0.0035		0.478	0.467

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	61.6	13.64	2	10.7	5.28
	Rest of World	150	74	68.1	17.84	20	2.8	1.95
	US	196	94	73.9	15.78	17	4.2	1.73

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	60.8	16.28	5	-3.9	8.07	14.6	-4.24	33.47	0.1285	0.2960	0.801	0.570
76	72.6	16.11	33	-3.0	2.44	5.7	-0.36	11.84	0.0652		0.674	0.651
102	75.6	17.31	44	-0.7	2.56	4.9	-1.12	10.90	0.1109		0.132	0.128

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	61.6	13.64	1	11.7	6.28
	Rest of World	150	74	68.1	17.84	17	3.3	2.14
	US	196	94	73.9	15.78	10	5.0	1.91

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	60.8	16.28	3	-15.0	10.49	26.7	2.77	50.67	0.0288	0.2960	0.874	0.353
76	72.6	16.11	28	-0.7	2.74	3.9	-2.87	10.76	0.2556		0.457	0.439
102	75.6	17.31	36	-2.6	3.36	7.6	0.10	15.13	0.0470		0.263	0.253

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
REGION	Japan	15	9	61.6	13.64	1	0.4	6.70
	Rest of World	150	74	68.1	17.84	12	-0.3	2.49
	US	196	94	73.9	15.78	8	4.4	2.22

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
6	60.8	16.28	3	-1.4	11.40	1.7	-24.18	27.63	0.8961	0.2960	-0.072	-0.029
76	72.6	16.11	20	0.4	3.17	-0.7	-8.60	7.26	0.8684		0.081	0.076
102	75.6	17.31	25	-4.0	3.91	8.4	-0.36	17.19	0.0602		0.616	0.583

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 1

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	151	72	68.8	18.07	73	2.9	1.75
	Male	210	105	72.3	15.94	99	3.8	1.50

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
79	71.4	17.78	66	-0.6	1.69	3.6	-0.45	7.59	0.0818	0.9825	0.313	0.309
105	75.8	16.11	98	0.3	1.49	3.5	0.13	6.91	0.0417		0.447	0.443

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 3

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	151	72	68.8	18.07	36	4.6	1.93
	Male	210	105	72.3	15.94	61	4.6	1.56

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
79	71.4	17.78	42	-4.1	1.99	8.7	3.92	13.53	0.0004	0.9825	0.565	0.552
105	75.8	16.11	78	-3.8	1.65	8.4	4.67	12.17	<.0001		0.782	0.772

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 5

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	151	72	68.8	18.07	22	4.2	2.08
	Male	210	105	72.3	15.94	37	4.8	1.66

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
79	71.4	17.78	35	-4.0	2.42	8.2	2.46	13.97	0.0052	0.9825	0.456	0.442
105	75.8	16.11	64	-3.5	1.96	8.3	3.87	12.69	0.0002		0.711	0.698

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 7

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	151	72	68.8	18.07	15	2.6	2.18
	Male	210	105	72.3	15.94	24	5.7	1.80

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
79	71.4	17.78	32	-3.2	2.89	5.8	-0.92	12.49	0.0908	0.9825	0.293	0.282
105	75.8	16.11	50	-0.1	2.36	5.8	0.50	11.09	0.0320		0.533	0.520

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 9

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	151	72	68.8	18.07	12	3.1	2.38
	Male	210	105	72.3	15.94	16	6.5	1.95

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
79	71.4	17.78	26	-4.2	3.30	7.3	-0.29	14.98	0.0592	0.9825	0.315	0.300
105	75.8	16.11	41	1.2	2.85	5.3	-1.01	11.66	0.0994		0.440	0.426

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.3: Subgroup Analyses of Change from Baseline for the FACT-G Total Score; LPP[1] Population

Endpoint: FACT-G Total Score. Visit: Cycle 11

			Mogamulizumab					
			Baseline (Actual Value)			On Treatment (Change from Baseline)		
Subgroup	Category	Overall BL N	N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE
SEX	Female	151	72	68.8	18.07	10	2.5	2.74
	Male	210	105	72.3	15.94	11	2.9	2.18

Vorinostat						Mogamulizumab vs Vorinostat						
Baseline (Actual Value)			On Treatment (Change from Baseline)			LS Mean[2] Diff					Hedge's g	
N	Mean	SD	N	LS Mean[2]	LS Mean[2] SE	LS Mean[2]	95% LCL[2]	95% UCL[2]	P-Value[2]	Interaction P-Value[2]	SMD[3]	Adj SMD[3]
79	71.4	17.78	18	0.2	3.64	2.4	-6.26	11.02	0.5889	0.9825	0.172	0.161
105	75.8	16.11	30	-1.4	3.40	4.3	-3.27	11.89	0.2643		0.404	0.387

Abbreviations: LPP = Longitudinal Patient Population, BL = Baseline, SD = Standard Deviation, LS Mean = Least Squares Mean Estimate, SE = Standard Error, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference, Diff = Difference, Adj = Adjusted.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] LS means, 95% CLs and p-values from mixed model of the change from Baseline with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate. The interaction p-value is for the treatment*subgroup interaction.

[3] The SMD is based upon Hedge's g. The adjusted SMD is based upon Hedge's g adjusted for sample size.

Program: (t_kk_amnog_subgroups.sas) (15OCT18:10:18:43) Analysis datasets: adqol, adqol1, adsl.

Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: EQ-5D-3L VAS Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
AGE GROUP	<65 years	Cycle 1	-0.048	0.255	0.557
		Cycle 3	0.073	0.444	0.814
		Cycle 5	-0.383	0.074	0.530
		Cycle 7	-0.425	0.094	0.612
		Cycle 9	-0.380	0.214	0.806
		Cycle 11	-0.259	0.487	1.226
	>=65 years	Cycle 1	-0.311	-0.006	0.300
		Cycle 3	-0.164	0.227	0.617
		Cycle 5	0.193	0.665	1.133
		Cycle 7	0.178	0.767	1.349
		Cycle 9	0.074	0.752	1.422
		Cycle 11	-0.108	0.647	1.392

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] The SMD is based upon Hedge's g.

Program: (t_kk_amnog_subgroups_hedgesg.sas) (12MAR19:12:01:49) Analysis datasets: adqol, adqol1, adsl.

Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: EQ-5D-3L VAS Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
BLOOD INVOLVEMENT	No	Cycle 1	-0.005	0.366	0.735
		Cycle 3	-0.088	0.367	0.820
		Cycle 5	-0.197	0.359	0.910
		Cycle 7	-0.965	-0.291	0.387
		Cycle 9	-0.889	-0.072	0.748
		Cycle 11	-1.250	-0.236	0.787
	Yes	Cycle 1	-0.274	-0.010	0.254
		Cycle 3	-0.025	0.309	0.643
		Cycle 5	-0.096	0.317	0.727
		Cycle 7	0.020	0.516	1.010
		Cycle 9	-0.038	0.510	1.055
		Cycle 11	-0.050	0.603	1.250

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] The SMD is based upon Hedge's g.

Program: (t_kk_amnog_subgroups_hedgesg.sas) (12MAR19:12:01:49) Analysis datasets: adqol, adqol1, adsl.

Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: EQ-5D-3L VAS Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
DISEASE STAGE	IB/II	Cycle 1	-0.271	0.078	0.428
		Cycle 3	-0.487	-0.033	0.420
		Cycle 5	-0.387	0.157	0.700
		Cycle 7	-0.805	-0.177	0.452
		Cycle 9	-0.831	-0.109	0.615
		Cycle 11	-0.751	0.133	1.013
	III/IV	Cycle 1	-0.118	0.153	0.424
		Cycle 3	0.168	0.504	0.839
		Cycle 5	0.066	0.475	0.882
		Cycle 7	0.134	0.634	1.131
		Cycle 9	0.072	0.658	1.240
		Cycle 11	-0.029	0.710	1.442

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] The SMD is based upon Hedge's g.

Program: (t_kk_amnog_subgroups_hedgesg.sas) (12MAR19:12:01:49) Analysis datasets: adqol, adqol1, adsl.

Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: EQ-5D-3L VAS Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
DISEASE TYPE	Mycosis Fungoides (MF)	Cycle 1	-0.186	0.105	0.396
		Cycle 3	-0.141	0.221	0.583
		Cycle 5	-0.185	0.251	0.686
		Cycle 7	-0.371	0.127	0.624
		Cycle 9	-0.391	0.186	0.760
		Cycle 11	-0.279	0.417	1.107
	Sezary Syndrome (SS)	Cycle 1	-0.140	0.177	0.494
		Cycle 3	0.071	0.474	0.874
		Cycle 5	-0.021	0.477	0.972
		Cycle 7	0.085	0.721	1.351
		Cycle 9	0.047	0.791	1.527
		Cycle 11	-0.080	0.775	1.618

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] The SMD is based upon Hedge's g.

Program: (t_kk_amnog_subgroups_hedgesg.sas) (12MAR19:12:01:49) Analysis datasets: adqol, adqol1, adsl.

Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: EQ-5D-3L VAS Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
REGION	Japan	Cycle 1	0.241	1.526	2.760
		Cycle 3	-0.309	1.031	2.322
		Cycle 5	0.066	2.258	4.327
		Cycle 7	0.350	2.733	4.995
		Cycle 9	-1.062	1.902	4.632
		Cycle 11	-1.017	2.002	4.787
	Rest of World	Cycle 1	-0.128	0.204	0.536
		Cycle 3	-0.259	0.146	0.550
		Cycle 5	-0.374	0.108	0.589
		Cycle 7	-0.306	0.256	0.815
		Cycle 9	-0.046	0.563	1.166
		Cycle 11	-0.038	0.719	1.465
	US	Cycle 1	-0.291	-0.001	0.289
		Cycle 3	0.054	0.431	0.805
		Cycle 5	0.038	0.498	0.956
		Cycle 7	-0.228	0.334	0.894
		Cycle 9	-0.573	0.126	0.825
		Cycle 11	-0.505	0.293	1.087

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] The SMD is based upon Hedge's g.

Program: (t_kk_amnog_subgroups_hedgesg.sas) (12MAR19:12:01:49) Analysis datasets: adqol, adqol1, adsl.

Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: EQ-5D-3L VAS Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
SEX	Female	Cycle 1	-0.277	0.053	0.383
		Cycle 3	-0.023	0.425	0.870
		Cycle 5	-0.383	0.149	0.679
		Cycle 7	-0.320	0.292	0.901
		Cycle 9	-0.259	0.427	1.107
		Cycle 11	-0.402	0.403	1.199
	Male	Cycle 1	-0.090	0.191	0.472
		Cycle 3	-0.035	0.302	0.639
		Cycle 5	0.116	0.531	0.944
		Cycle 7	0.000	0.501	0.998
		Cycle 9	-0.074	0.512	1.093
		Cycle 11	0.013	0.723	1.424

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] The SMD is based upon Hedge's g.

Program: (t_kk_amnog_subgroups_hedgesg.sas) (12MAR19:12:01:49) Analysis datasets: adqol, adqol1, adsl.

Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: Pruritus Itchy QoL Total Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
AGE GROUP	<65 years	Cycle 1	-0.138	0.168	0.474
		Cycle 3	-0.489	-0.118	0.254
		Cycle 5	-0.470	-0.005	0.460
		Cycle 7	-0.484	0.032	0.548
		Cycle 9	-0.725	-0.127	0.472
		Cycle 11	-1.107	-0.399	0.315
	>=65 years	Cycle 1	-0.437	-0.126	0.185
		Cycle 3	-0.785	-0.397	-0.008
		Cycle 5	-0.982	-0.523	-0.060
		Cycle 7	-0.903	-0.340	0.226
		Cycle 9	-1.129	-0.461	0.213
		Cycle 11	-1.187	-0.478	0.239

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] The SMD is based upon Hedge's g.

Program: (t_kk_amnog_subgroups_hedgesg.sas) (12MAR19:12:01:49) Analysis datasets: adqol, adqol1, adsl.

Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: Pruritus Itchy QoL Total Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
BLOOD INVOLVEMENT	No	Cycle 1	-0.228	0.152	0.531
		Cycle 3	-0.505	-0.036	0.433
		Cycle 5	-0.632	-0.066	0.500
		Cycle 7	-0.669	0.025	0.719
		Cycle 9	-0.911	-0.072	0.768
		Cycle 11	-1.422	-0.403	0.630
	Yes	Cycle 1	-0.316	-0.050	0.216
		Cycle 3	-0.639	-0.312	0.016
		Cycle 5	-0.617	-0.218	0.182
		Cycle 7	-0.470	-0.003	0.463
		Cycle 9	-0.666	-0.126	0.415
		Cycle 11	-0.873	-0.280	0.315

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] The SMD is based upon Hedge's g.

Program: (t_kk_amnog_subgroups_hedgesg.sas) (12MAR19:12:01:49) Analysis datasets: adqol, adqol1, adsl.

Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: Pruritus Itchy QoL Total Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
DISEASE STAGE	IB/II	Cycle 1	-0.092	0.269	0.630
		Cycle 3	-0.100	0.372	0.841
		Cycle 5	-0.403	0.157	0.716
		Cycle 7	-0.552	0.103	0.757
		Cycle 9	-0.520	0.214	0.945
		Cycle 11	-1.207	-0.324	0.567
	III/IV	Cycle 1	-0.412	-0.138	0.135
		Cycle 3	-0.885	-0.554	-0.222
		Cycle 5	-0.819	-0.421	-0.021
		Cycle 7	-0.675	-0.207	0.263
		Cycle 9	-1.003	-0.425	0.155
		Cycle 11	-1.015	-0.366	0.287

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] The SMD is based upon Hedge's g.

Program: (t_kk_amnog_subgroups_hedgesg.sas) (12MAR19:12:01:49) Analysis datasets: adqol, adqol1, adsl.

Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: Pruritus Itchy QoL Total Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
DISEASE TYPE	Mycosis Fungoides (MF)	Cycle 1	-0.078	0.219	0.516
		Cycle 3	-0.221	0.147	0.514
		Cycle 5	-0.542	-0.109	0.326
		Cycle 7	-0.481	0.023	0.526
		Cycle 9	-0.487	0.091	0.668
		Cycle 11	-0.852	-0.181	0.491
	Sezary Syndrome (SS)	Cycle 1	-0.591	-0.267	0.057
		Cycle 3	-1.117	-0.717	-0.314
		Cycle 5	-0.838	-0.350	0.142
		Cycle 7	-0.824	-0.236	0.355
		Cycle 9	-1.450	-0.713	0.032
		Cycle 11	-1.512	-0.738	0.045

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] The SMD is based upon Hedge's g.

Program: (t_kk_amnog_subgroups_hedgesg.sas) (12MAR19:12:01:49) Analysis datasets: adqol, adqol1, adsl.

Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: Pruritus Itchy QoL Total Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
REGION	Japan	Cycle 1	-2.448	-1.263	-0.031
		Cycle 3	-2.662	-1.323	0.074
		Cycle 5	-3.002	-1.247	0.606
		Cycle 7	-3.108	-1.333	0.544
		Cycle 9	-4.249	-1.651	1.181
		Cycle 11	-3.650	-1.232	1.400
	Rest of World	Cycle 1	-0.496	-0.164	0.170
		Cycle 3	-0.343	0.056	0.455
		Cycle 5	-0.507	-0.034	0.440
		Cycle 7	-0.684	-0.143	0.400
		Cycle 9	-1.021	-0.436	0.154
		Cycle 11	-1.245	-0.538	0.177
	US	Cycle 1	-0.058	0.242	0.541
		Cycle 3	-0.777	-0.398	-0.018
		Cycle 5	-0.780	-0.319	0.144
		Cycle 7	-0.456	0.117	0.689
		Cycle 9	-0.574	0.194	0.960
		Cycle 11	-0.942	-0.180	0.584

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

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Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: Pruritus Itchy QoL Total Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
SEX	Female	Cycle 1	-0.237	0.095	0.427
		Cycle 3	-0.529	-0.085	0.359
		Cycle 5	-0.610	-0.063	0.485
		Cycle 7	-0.692	-0.079	0.535
		Cycle 9	-0.882	-0.156	0.571
		Cycle 11	-1.239	-0.465	0.318
	Male	Cycle 1	-0.357	-0.069	0.219
		Cycle 3	-0.730	-0.393	-0.055
		Cycle 5	-0.814	-0.412	-0.008
		Cycle 7	-0.659	-0.175	0.310
		Cycle 9	-0.926	-0.362	0.205
		Cycle 11	-1.233	-0.562	0.115

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

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Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: Pruritus Likert Scale Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
AGE GROUP	<65 years	Cycle 1	-0.114	0.190	0.493
		Cycle 3	-0.473	-0.101	0.271
		Cycle 5	-0.301	0.152	0.605
		Cycle 7	-0.336	0.172	0.678
		Cycle 9	-0.721	-0.136	0.449
		Cycle 11	-1.031	-0.345	0.346
	>=65 years	Cycle 1	-0.166	0.141	0.448
		Cycle 3	-0.504	-0.111	0.283
		Cycle 5	-0.500	-0.035	0.430
		Cycle 7	-0.553	0.031	0.615
		Cycle 9	-0.619	0.069	0.757
		Cycle 11	-0.977	-0.239	0.503

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

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Program: (t_kk_amnog_subgroups_hedgesg.sas) (12MAR19:12:01:49) Analysis datasets: adqol, adqol1, adsl.

Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: Pruritus Likert Scale Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
BLOOD INVOLVEMENT	No	Cycle 1	-0.131	0.243	0.616
		Cycle 3	-0.122	0.344	0.809
		Cycle 5	-0.322	0.231	0.782
		Cycle 7	-0.223	0.474	1.163
		Cycle 9	-0.943	-0.126	0.695
		Cycle 11	-0.869	0.121	1.108
	Yes	Cycle 1	-0.133	0.132	0.396
		Cycle 3	-0.595	-0.261	0.075
		Cycle 5	-0.304	0.104	0.512
		Cycle 7	-0.389	0.092	0.572
		Cycle 9	-0.484	0.071	0.625
		Cycle 11	-0.803	-0.182	0.440

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

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Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: Pruritus Likert Scale Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
DISEASE STAGE	IB/II	Cycle 1	0.127	0.484	0.839
		Cycle 3	-0.010	0.452	0.911
		Cycle 5	-0.096	0.452	0.996
		Cycle 7	-0.091	0.565	1.214
		Cycle 9	-0.444	0.284	1.008
		Cycle 11	-0.609	0.263	1.128
	III/IV	Cycle 1	-0.284	-0.011	0.261
		Cycle 3	-0.697	-0.359	-0.020
		Cycle 5	-0.479	-0.073	0.333
		Cycle 7	-0.493	-0.012	0.469
		Cycle 9	-0.810	-0.220	0.372
		Cycle 11	-1.041	-0.348	0.348

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] The SMD is based upon Hedge's g.

Program: (t_kk_amnog_subgroups_hedgesg.sas) (12MAR19:12:01:49) Analysis datasets: adqol, adqol1, adsl.

Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: Pruritus Likert Scale Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
DISEASE TYPE	Mycosis Fungoides (MF)	Cycle 1	-0.048	0.243	0.533
		Cycle 3	-0.221	0.143	0.507
		Cycle 5	-0.306	0.125	0.555
		Cycle 7	-0.321	0.178	0.675
		Cycle 9	-0.588	-0.017	0.554
		Cycle 11	-0.782	-0.126	0.532
	Sezary Syndrome (SS)	Cycle 1	-0.283	0.040	0.363
		Cycle 3	-0.774	-0.367	0.042
		Cycle 5	-0.398	0.104	0.606
		Cycle 7	-0.524	0.095	0.714
		Cycle 9	-0.865	-0.103	0.660
		Cycle 11	-1.296	-0.464	0.375

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

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Program: (t_kk_amnog_subgroups_hedgesg.sas) (12MAR19:12:01:49) Analysis datasets: adqol, adqol1, adsl.

Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: Pruritus Likert Scale Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
REGION	Japan	Cycle 1	-1.388	-0.297	0.806
		Cycle 3	-1.976	-0.723	0.567
		Cycle 5	-1.972	-0.336	1.333
		Cycle 7	-2.107	-0.465	1.220
		Cycle 9	-2.632	-0.385	1.948
		Cycle 11	-2.725	-0.473	1.882
	Rest of World	Cycle 1	-0.200	0.130	0.459
		Cycle 3	-0.298	0.094	0.486
		Cycle 5	-0.222	0.254	0.728
		Cycle 7	-0.409	0.130	0.668
		Cycle 9	-0.825	-0.243	0.341
		Cycle 11	-1.437	-0.729	-0.009
	US	Cycle 1	-0.083	0.213	0.508
		Cycle 3	-0.616	-0.223	0.171
		Cycle 5	-0.477	-0.012	0.453
		Cycle 7	-0.453	0.134	0.720
		Cycle 9	-0.578	0.192	0.960
		Cycle 11	-0.594	0.202	0.994

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

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Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: Pruritus Likert Scale Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
SEX	Female	Cycle 1	-0.188	0.146	0.479
		Cycle 3	-0.482	-0.033	0.417
		Cycle 5	-0.441	0.118	0.677
		Cycle 7	-0.374	0.252	0.875
		Cycle 9	-1.048	-0.328	0.397
		Cycle 11	-1.290	-0.509	0.280
	Male	Cycle 1	-0.082	0.201	0.484
		Cycle 3	-0.463	-0.124	0.215
		Cycle 5	-0.350	0.048	0.446
		Cycle 7	-0.463	0.022	0.507
		Cycle 9	-0.471	0.097	0.664
		Cycle 11	-0.800	-0.137	0.528

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

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Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: Skindex-29 Total Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
AGE GROUP	<65 years	Cycle 1	-0.392	-0.086	0.220
		Cycle 3	-0.740	-0.363	0.014
		Cycle 5	-0.734	-0.267	0.202
		Cycle 7	-0.657	-0.139	0.380
		Cycle 9	-0.764	-0.160	0.445
		Cycle 11	-1.189	-0.460	0.276
	>=65 years	Cycle 1	-0.650	-0.335	-0.020
		Cycle 3	-1.011	-0.604	-0.195
		Cycle 5	-1.317	-0.843	-0.363
		Cycle 7	-1.377	-0.791	-0.199
		Cycle 9	-1.367	-0.706	-0.038
		Cycle 11	-1.462	-0.722	0.029

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

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Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: Skindex-29 Total Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
BLOOD INVOLVEMENT	No	Cycle 1	-0.561	-0.185	0.192
		Cycle 3	-0.543	-0.077	0.388
		Cycle 5	-1.006	-0.436	0.139
		Cycle 7	-1.004	-0.308	0.393
		Cycle 9	-0.834	0.001	0.837
		Cycle 11	-0.976	0.059	1.091
	Yes	Cycle 1	-0.482	-0.212	0.058
		Cycle 3	-0.970	-0.624	-0.277
		Cycle 5	-0.898	-0.487	-0.074
		Cycle 7	-0.779	-0.298	0.184
		Cycle 9	-0.869	-0.330	0.211
		Cycle 11	-1.190	-0.553	0.089

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[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

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Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: Skindex-29 Total Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
DISEASE STAGE	IB/II	Cycle 1	-0.294	0.061	0.415
		Cycle 3	-0.259	0.205	0.669
		Cycle 5	-0.720	-0.158	0.405
		Cycle 7	-0.751	-0.108	0.538
		Cycle 9	-0.527	0.220	0.963
		Cycle 11	-1.112	-0.218	0.683
	III/IV	Cycle 1	-0.677	-0.396	-0.115
		Cycle 3	-1.250	-0.897	-0.540
		Cycle 5	-1.113	-0.702	-0.287
		Cycle 7	-1.056	-0.569	-0.078
		Cycle 9	-1.316	-0.737	-0.152
		Cycle 11	-1.497	-0.782	-0.059

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

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Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: Skindex-29 Total Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
DISEASE TYPE	Mycosis Fungoides (MF)	Cycle 1	-0.363	-0.069	0.225
		Cycle 3	-0.518	-0.147	0.225
		Cycle 5	-0.935	-0.486	-0.034
		Cycle 7	-0.870	-0.363	0.147
		Cycle 9	-0.765	-0.173	0.421
		Cycle 11	-1.124	-0.429	0.273
	Sezary Syndrome (SS)	Cycle 1	-0.752	-0.421	-0.089
		Cycle 3	-1.322	-0.901	-0.476
		Cycle 5	-0.992	-0.499	-0.002
		Cycle 7	-1.002	-0.390	0.225
		Cycle 9	-1.343	-0.633	0.083
		Cycle 11	-1.601	-0.787	0.039

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

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Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: Skindex-29 Total Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
REGION	Japan	Cycle 1	-2.571	-1.367	-0.115
		Cycle 3	-2.640	-1.304	0.089
		Cycle 5	-3.592	-1.712	0.283
		Cycle 7	-3.771	-1.848	0.193
		Cycle 9	-3.292	-0.958	1.558
		Cycle 11	-3.266	-0.938	1.571
	Rest of World	Cycle 1	-0.600	-0.258	0.085
		Cycle 3	-0.571	-0.157	0.257
		Cycle 5	-0.763	-0.271	0.223
		Cycle 7	-0.947	-0.381	0.188
		Cycle 9	-1.022	-0.407	0.213
		Cycle 11	-1.245	-0.507	0.240
	US	Cycle 1	-0.385	-0.090	0.205
		Cycle 3	-0.968	-0.581	-0.190
		Cycle 5	-1.046	-0.583	-0.116
		Cycle 7	-0.781	-0.224	0.334
		Cycle 9	-0.804	-0.122	0.562
		Cycle 11	-1.266	-0.490	0.294

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

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Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: Skindex-29 Total Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
SEX	Female	Cycle 1	-0.409	-0.075	0.260
		Cycle 3	-0.657	-0.209	0.240
		Cycle 5	-0.926	-0.380	0.169
		Cycle 7	-0.930	-0.305	0.323
		Cycle 9	-0.898	-0.205	0.491
		Cycle 11	-1.370	-0.560	0.262
	Male	Cycle 1	-0.633	-0.342	-0.050
		Cycle 3	-1.069	-0.715	-0.358
		Cycle 5	-1.111	-0.693	-0.271
		Cycle 7	-0.997	-0.506	-0.012
		Cycle 9	-1.134	-0.555	0.029
		Cycle 11	-1.340	-0.656	0.036

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] The SMD is based upon Hedge's g.

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Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: FACT-G Total Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
AGE GROUP	<65 years	Cycle 1	0.158	0.461	0.763
		Cycle 3	0.414	0.797	1.177
		Cycle 5	0.097	0.558	1.016
		Cycle 7	-0.166	0.351	0.865
		Cycle 9	-0.300	0.299	0.894
		Cycle 11	-0.341	0.381	1.097
	>=65 years	Cycle 1	-0.007	0.304	0.613
		Cycle 3	0.178	0.578	0.976
		Cycle 5	0.187	0.663	1.135
		Cycle 7	-0.058	0.525	1.103
		Cycle 9	-0.175	0.497	1.163
		Cycle 11	-0.605	0.134	0.872

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

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Program: (t_kk_amnog_subgroups_hedgesg.sas) (12MAR19:12:01:49) Analysis datasets: adqol, adqol1, adsl.

Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: FACT-G Total Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
BLOOD INVOLVEMENT	No	Cycle 1	0.018	0.387	0.753
		Cycle 3	0.047	0.509	0.967
		Cycle 5	-0.036	0.525	1.081
		Cycle 7	-0.487	0.188	0.861
		Cycle 9	-1.326	-0.483	0.371
		Cycle 11	-1.999	-0.965	0.099
	Yes	Cycle 1	0.116	0.384	0.650
		Cycle 3	0.426	0.772	1.116
		Cycle 5	0.147	0.562	0.975
		Cycle 7	-0.101	0.387	0.873
		Cycle 9	0.008	0.560	1.109
		Cycle 11	-0.225	0.425	1.072

Abbreviations: LPP = Longitudinal Patient Population, LCL = Lower Confidence Limit, UCL = Upper Confidence Limit, SMD = Standardized Mean Difference.

[1] The LPP population consists of subjects who have survived and maintained in the study through from Baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

[2] The SMD is based upon Hedge's g.

Program: (t_kk_amnog_subgroups_hedgesg.sas) (12MAR19:12:01:49) Analysis datasets: adqol, adqol1, adsl.

Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: FACT-G Total Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
DISEASE STAGE	IB/II	Cycle 1	0.104	0.455	0.804
		Cycle 3	0.043	0.509	0.972
		Cycle 5	-0.229	0.319	0.864
		Cycle 7	-0.529	0.099	0.726
		Cycle 9	-1.110	-0.375	0.367
		Cycle 11	-1.311	-0.441	0.440
	III/IV	Cycle 1	0.061	0.336	0.610
		Cycle 3	0.435	0.779	1.120
		Cycle 5	0.326	0.741	1.154
		Cycle 7	0.057	0.551	1.041
		Cycle 9	0.283	0.882	1.475
		Cycle 11	-0.136	0.603	1.335

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Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: FACT-G Total Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
DISEASE TYPE	Mycosis Fungoides (MF)	Cycle 1	0.142	0.433	0.724
		Cycle 3	0.240	0.613	0.984
		Cycle 5	0.198	0.641	1.080
		Cycle 7	-0.064	0.437	0.935
		Cycle 9	-0.401	0.179	0.758
		Cycle 11	-0.478	0.202	0.878
	Sezary Syndrome (SS)	Cycle 1	0.025	0.349	0.671
		Cycle 3	0.368	0.780	1.189
		Cycle 5	-0.002	0.501	0.999
		Cycle 7	-0.357	0.268	0.891
		Cycle 9	-0.205	0.532	1.264
		Cycle 11	-0.583	0.253	1.084

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Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: FACT-G Total Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
REGION	Japan	Cycle 1	0.036	1.268	2.455
		Cycle 3	-0.467	0.840	2.106
		Cycle 5	-0.975	0.762	2.431
		Cycle 7	-0.944	0.801	2.475
		Cycle 9	-1.611	0.874	3.186
		Cycle 11	-2.328	-0.072	2.201
	Rest of World	Cycle 1	0.071	0.405	0.738
		Cycle 3	0.220	0.635	1.047
		Cycle 5	0.230	0.726	1.217
		Cycle 7	0.100	0.674	1.241
		Cycle 9	-0.156	0.457	1.065
		Cycle 11	-0.636	0.081	0.796
	US	Cycle 1	0.005	0.298	0.591
		Cycle 3	0.331	0.719	1.104
		Cycle 5	0.016	0.478	0.937
		Cycle 7	-0.429	0.132	0.692
		Cycle 9	-0.441	0.263	0.964
		Cycle 11	-0.199	0.616	1.422

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Table 2.4: Subgroup Summaries of Hedge's g for the Standardized Mean Difference; LPP[1] Population

Parameter: FACT-G Total Score

			Hedge's g		
Subgroup	**Level**	**Visit**	**95% LCL**	**SMD[2]**	**95% UCL**
SEX	Female	Cycle 1	-0.022	0.313	0.648
		Cycle 3	0.109	0.565	1.017
		Cycle 5	-0.086	0.456	0.994
		Cycle 7	-0.325	0.293	0.907
		Cycle 9	-0.375	0.315	1.001
		Cycle 11	-0.604	0.172	0.945
	Male	Cycle 1	0.164	0.447	0.730
		Cycle 3	0.433	0.782	1.128
		Cycle 5	0.292	0.711	1.126
		Cycle 7	0.037	0.533	1.025
		Cycle 9	-0.146	0.440	1.021
		Cycle 11	-0.295	0.404	1.098

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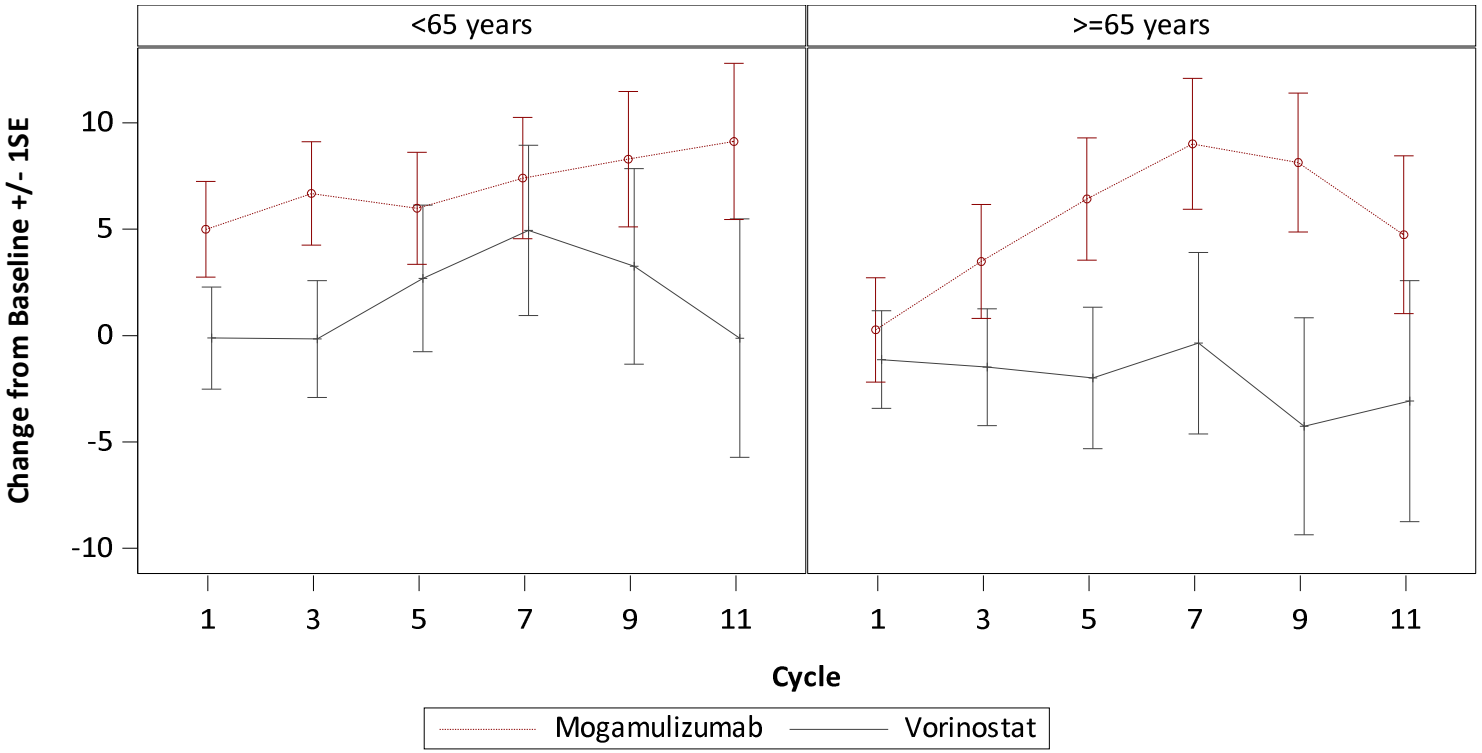
Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP
EQ-5D-3L VAS Score
AGE GROUP



The LPP population consists of subjects who have survived and maintained in the study through from baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

Least squares (LS) means and standard error are from a repeated measures model including visits through Cycle 11 (odd cycles only) with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate.

Program: (f_kk_amnog_subgroups_plot.sas) (13DEC18:13:07:49) Analysis datasets: adqol, adqol1, adsl.

Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP
EQ-5D-3L VAS Score
BLOOD INVOLVEMENT

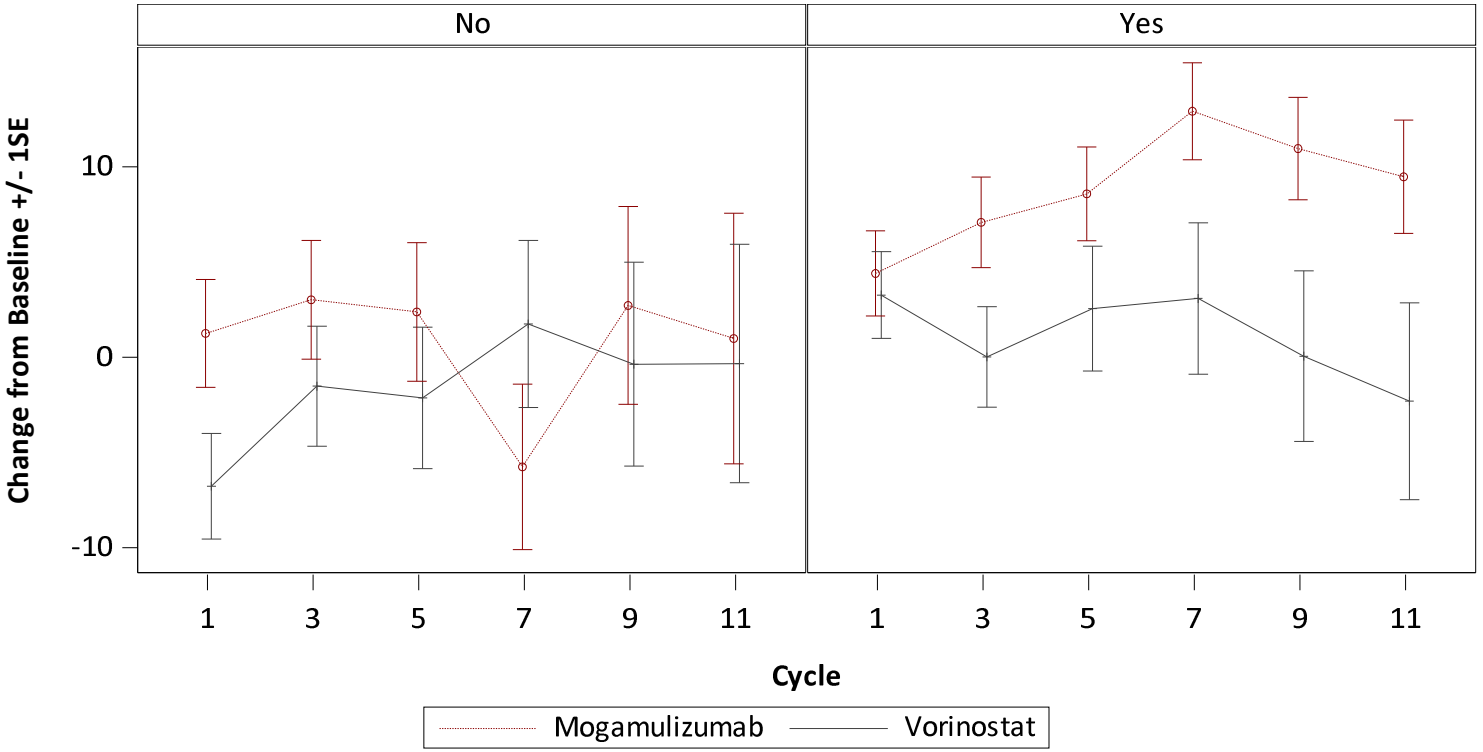


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Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP
EQ-5D-3L VAS Score
DISEASE STAGE

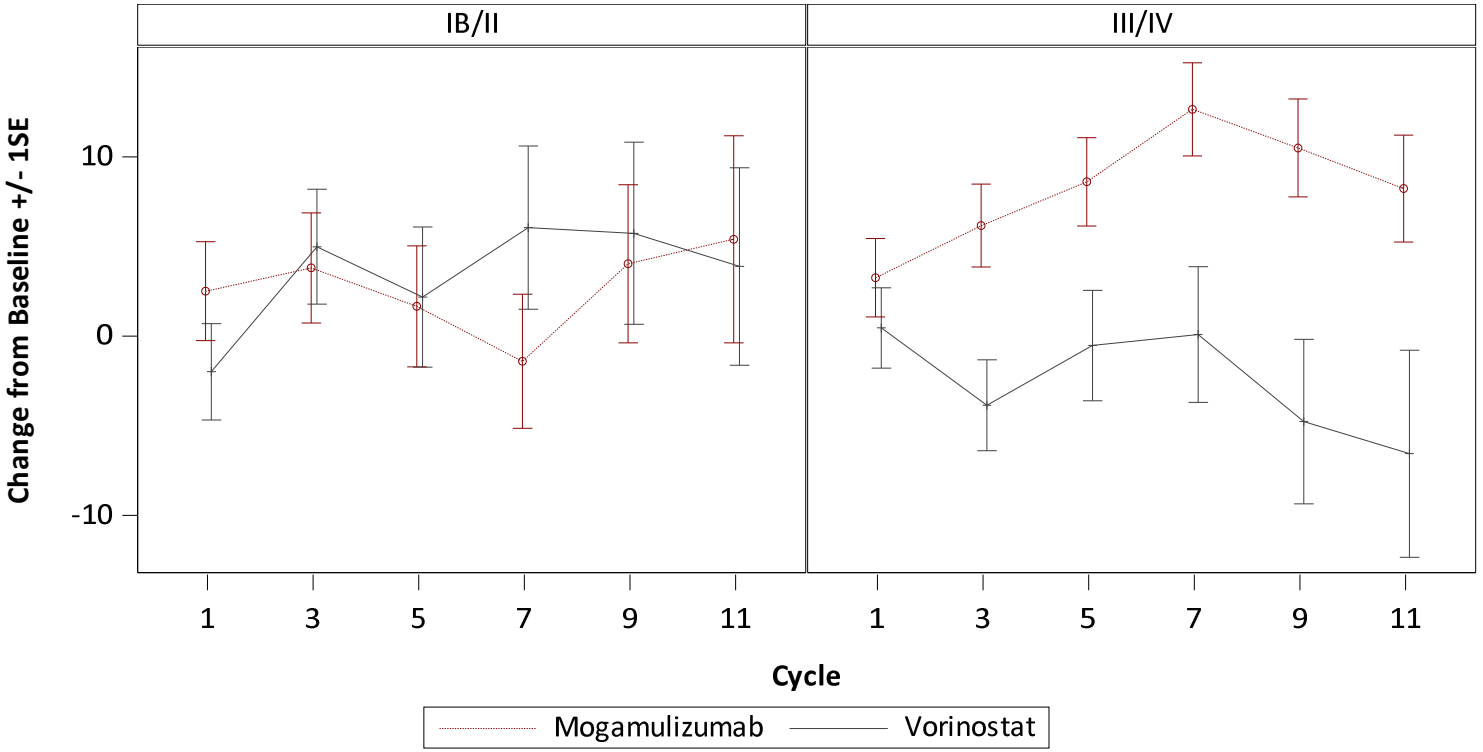

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Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP
EQ-5D-3L VAS Score
DISEASE TYPE

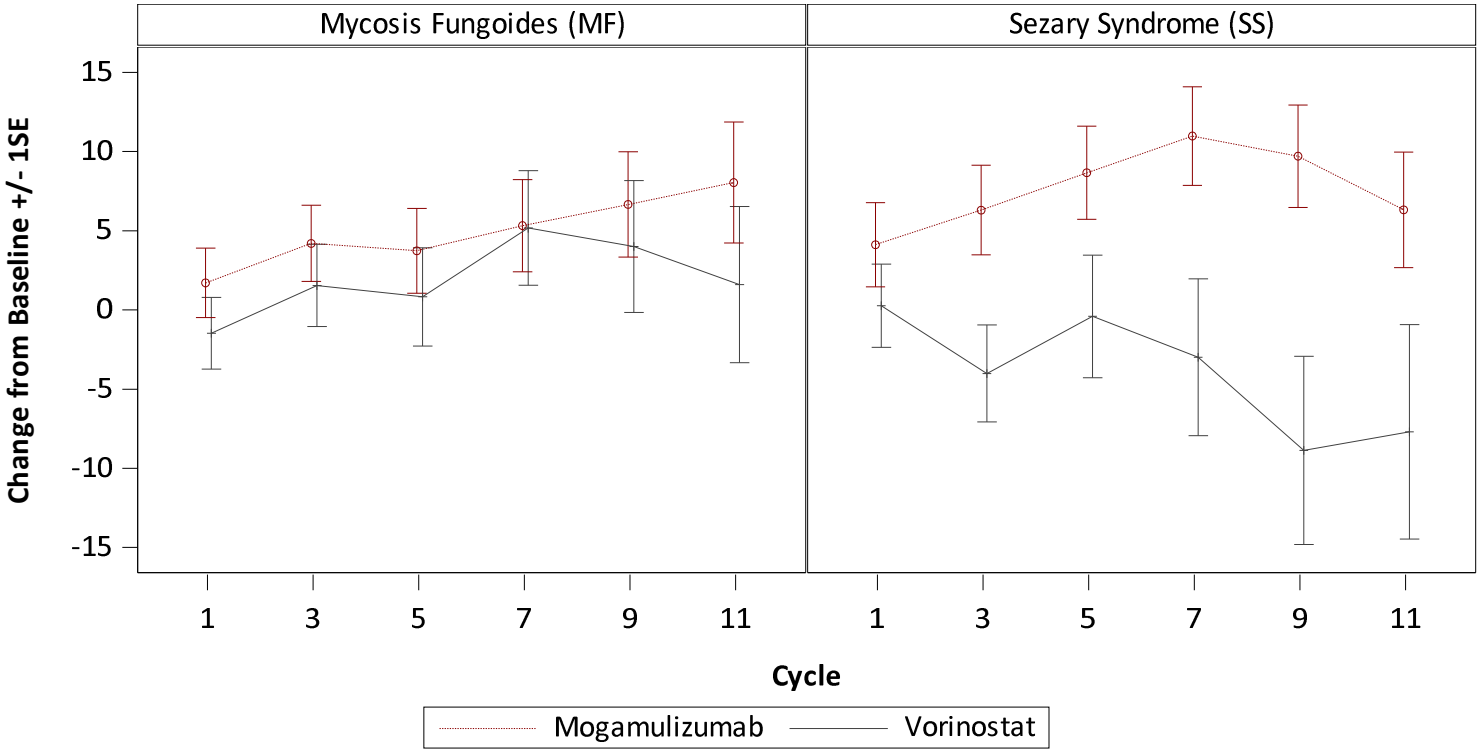

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Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP
EQ-5D-3L VAS Score
REGION

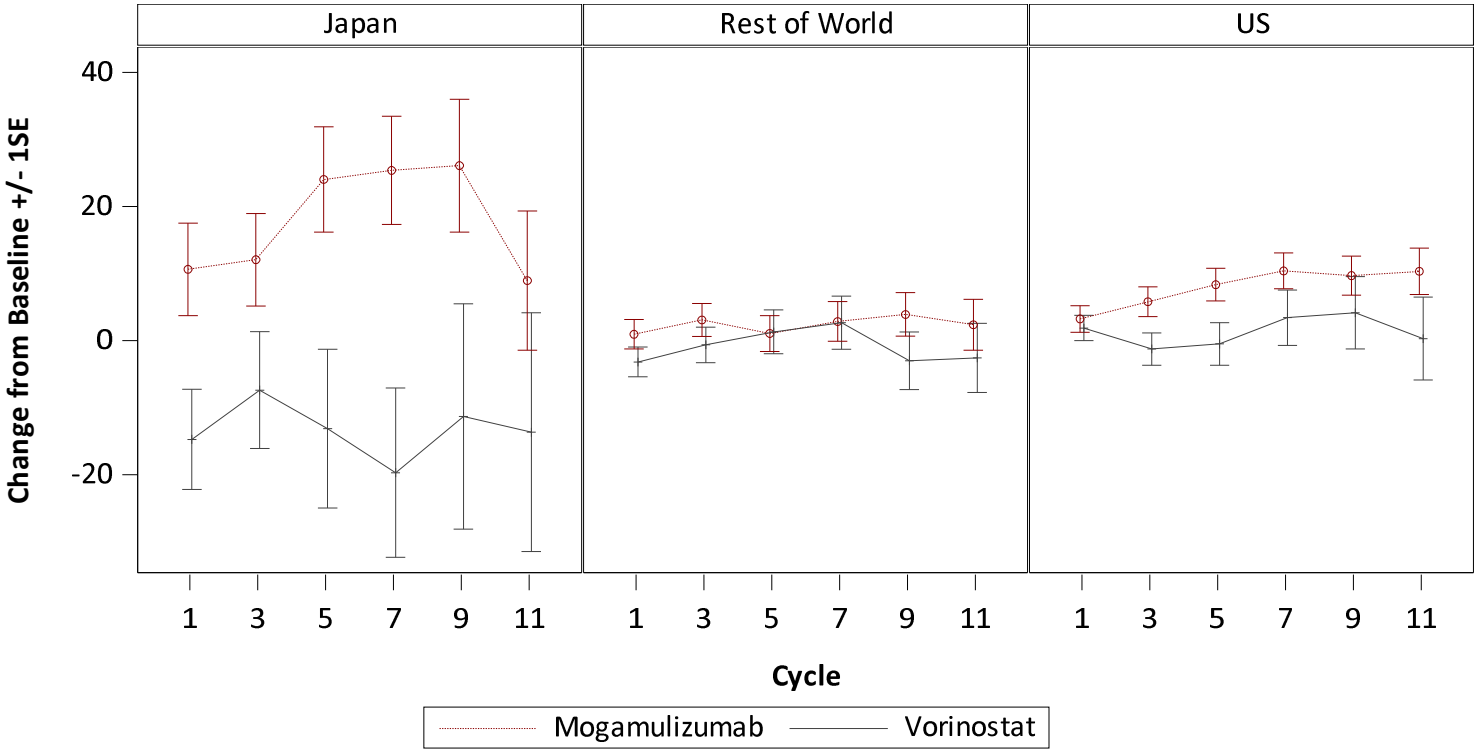

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Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP
EQ-5D-3L VAS Score
SEX

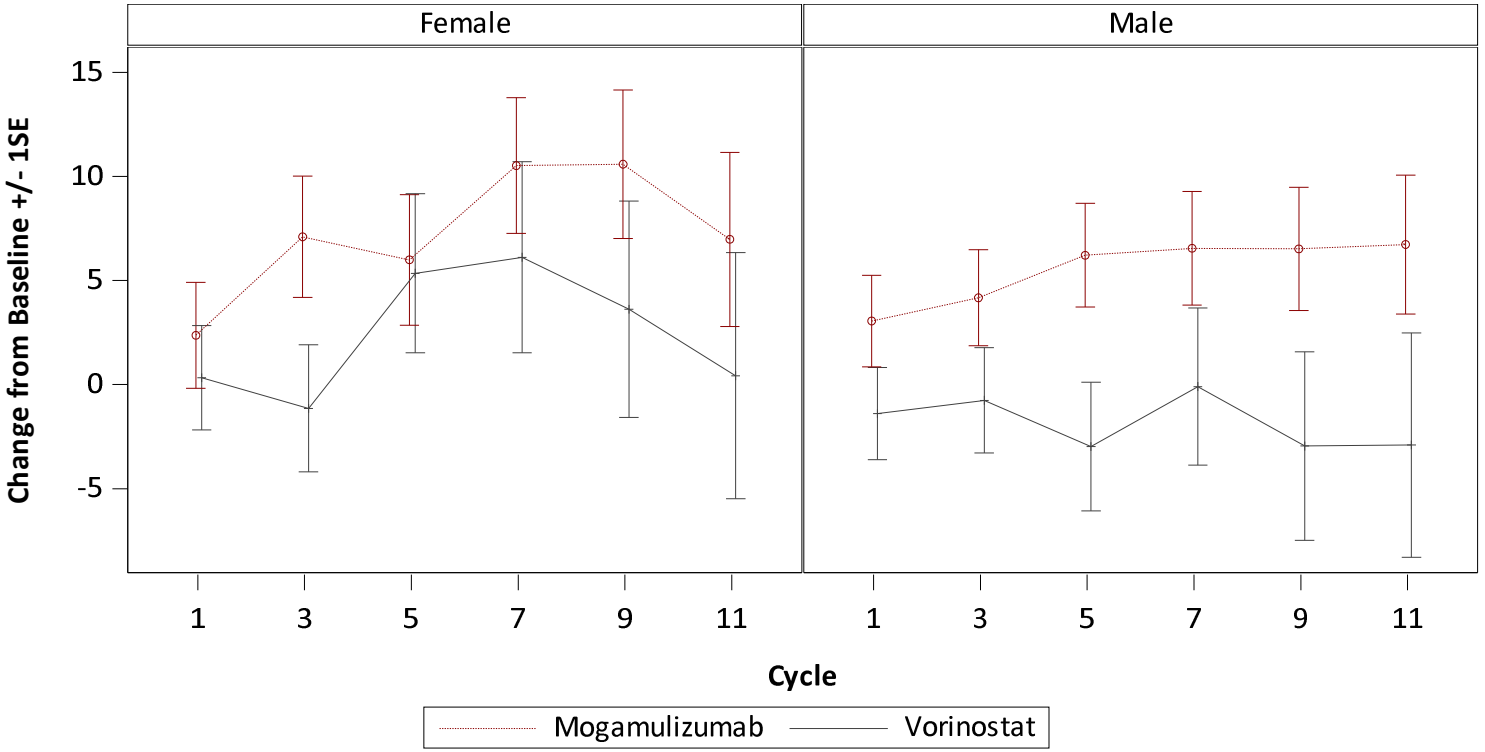

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Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP
Pruritus Itchy QoL Total Score
AGE GROUP

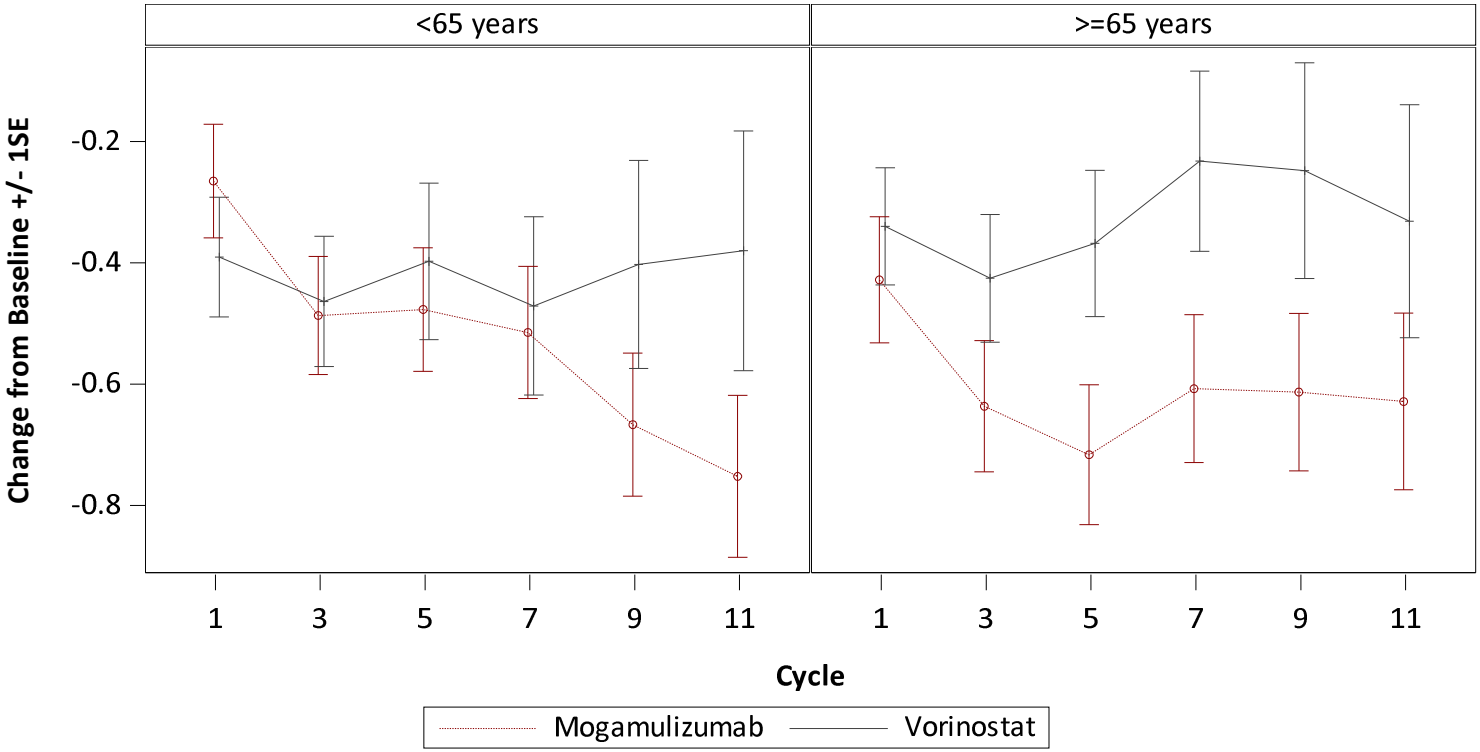

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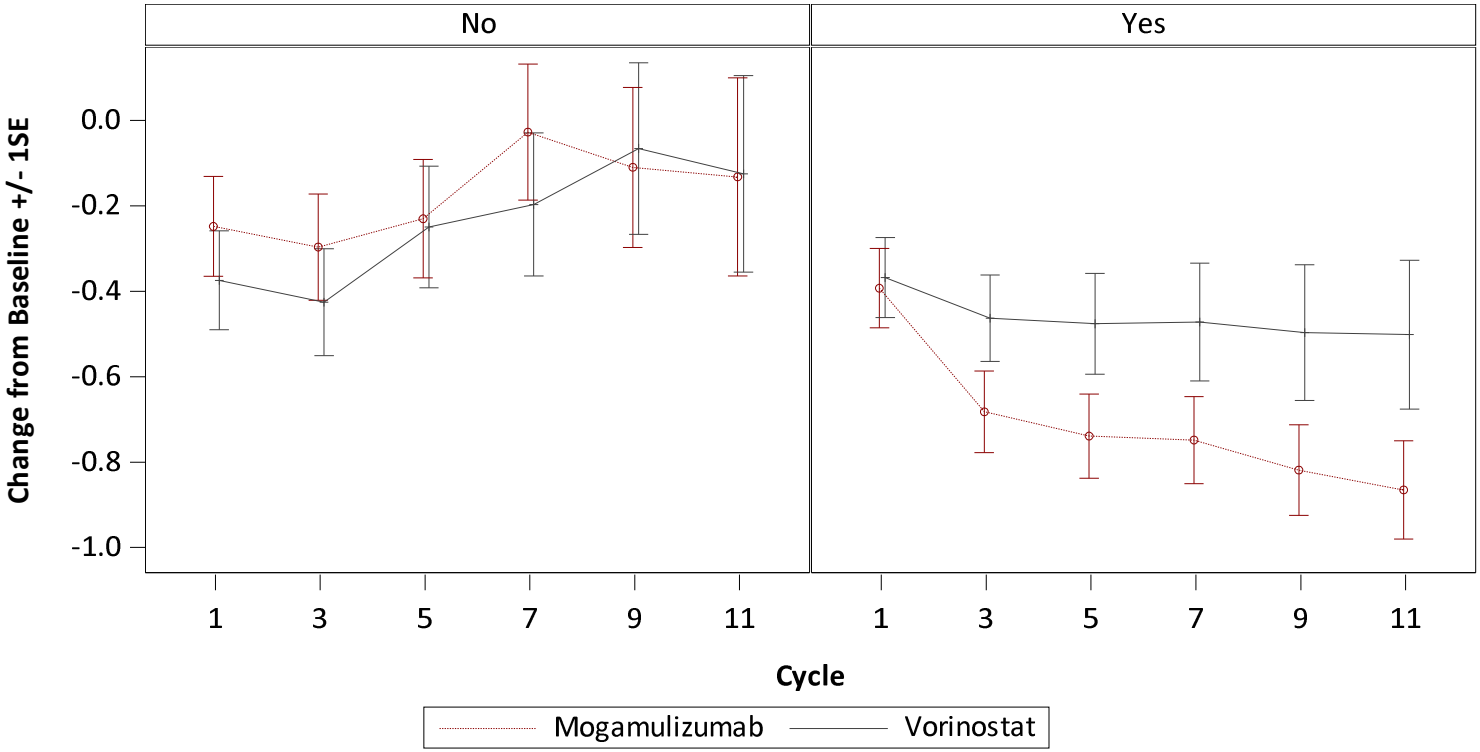
Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP
Pruritus Itchy QoL Total Score
BLOOD INVOLVEMENT



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Pruritus Itchy QoL Total Score
DISEASE STAGE

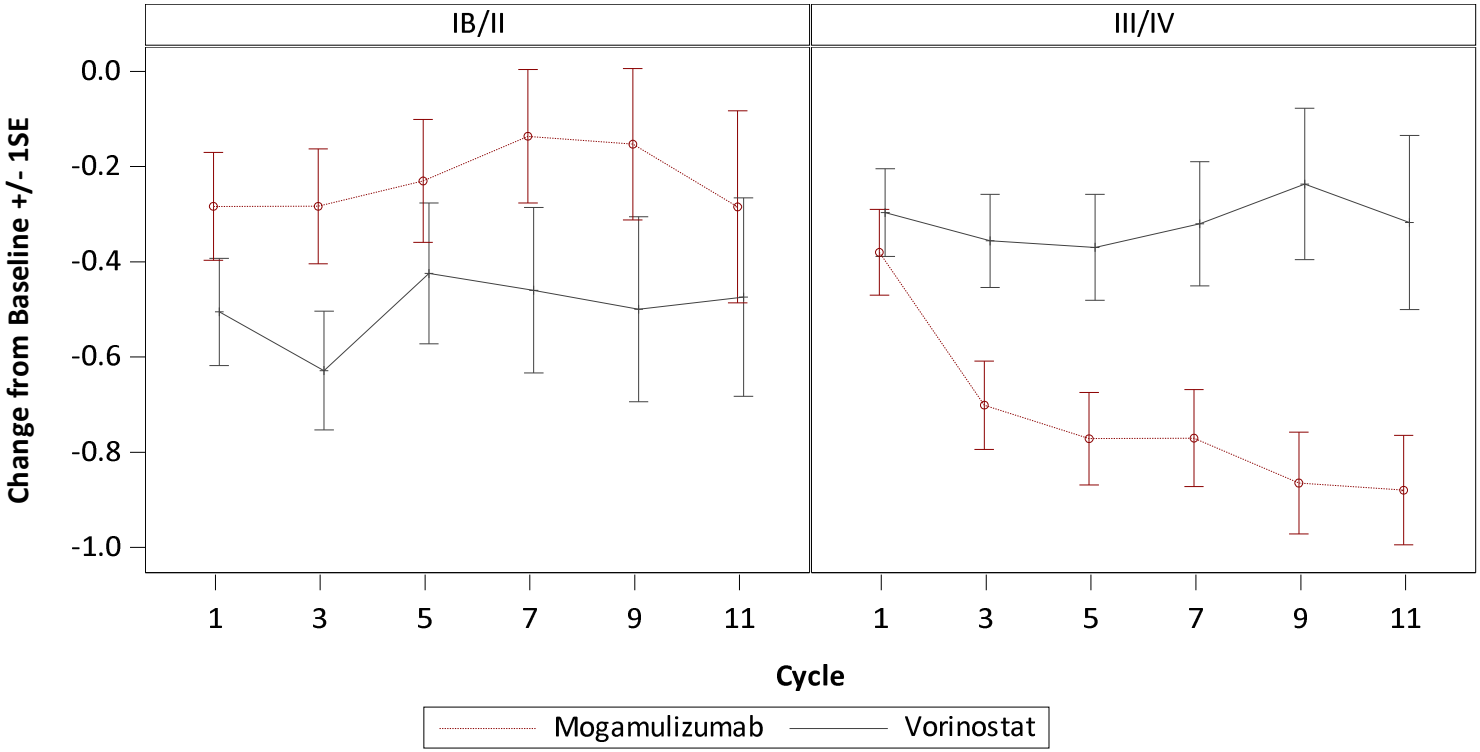

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Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP
Pruritus Itchy QoL Total Score
DISEASE TYPE

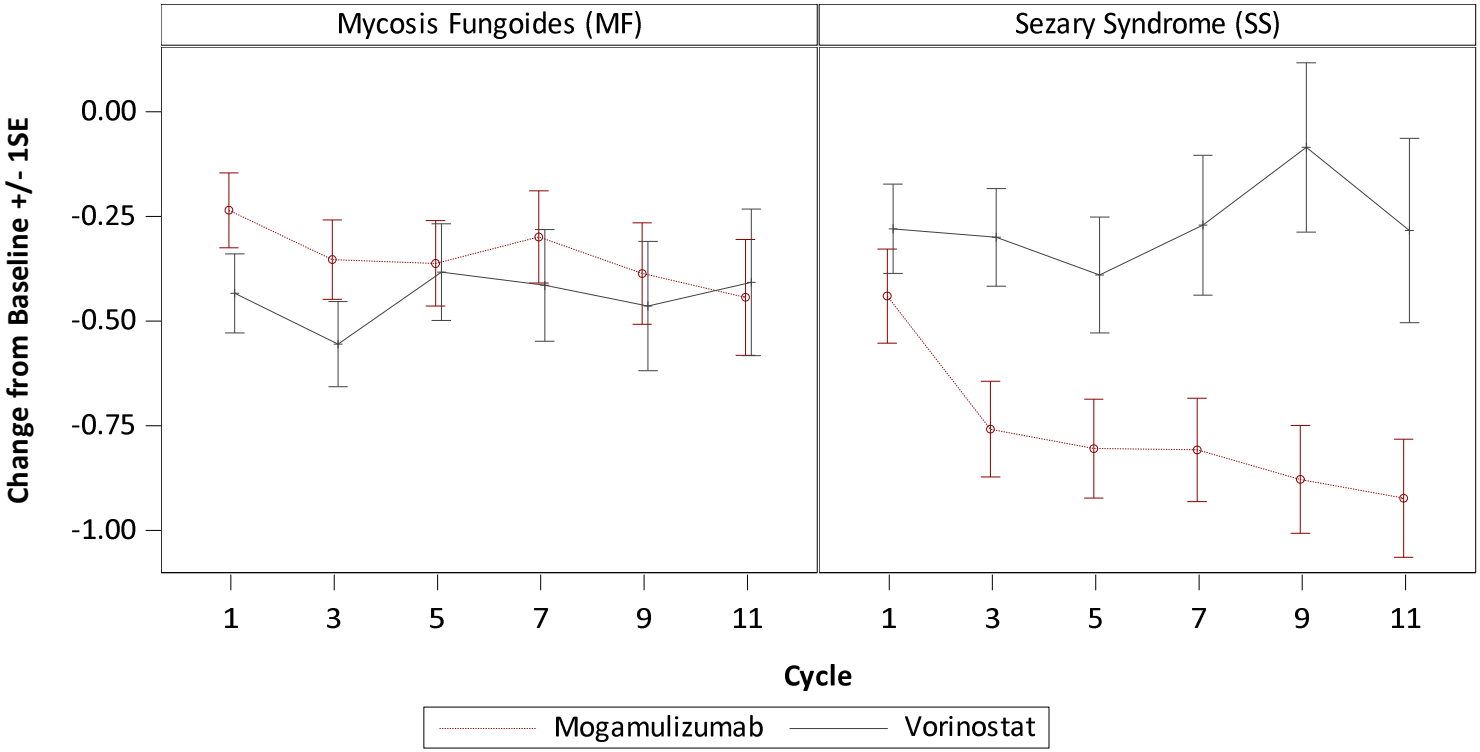

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Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP Pruritus Itchy QoL Total Score

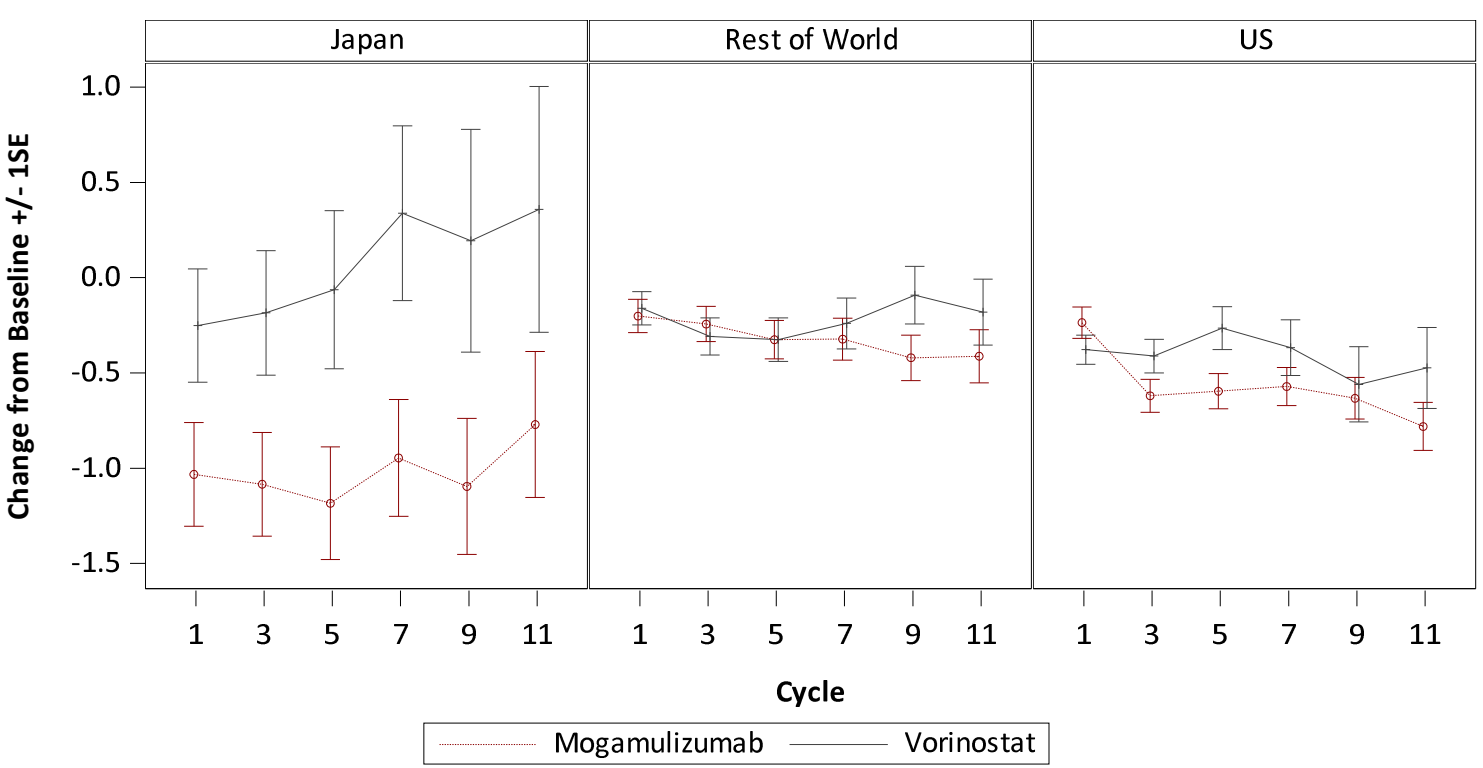

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Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP
Pruritus Itchy QoL Total Score
SEX

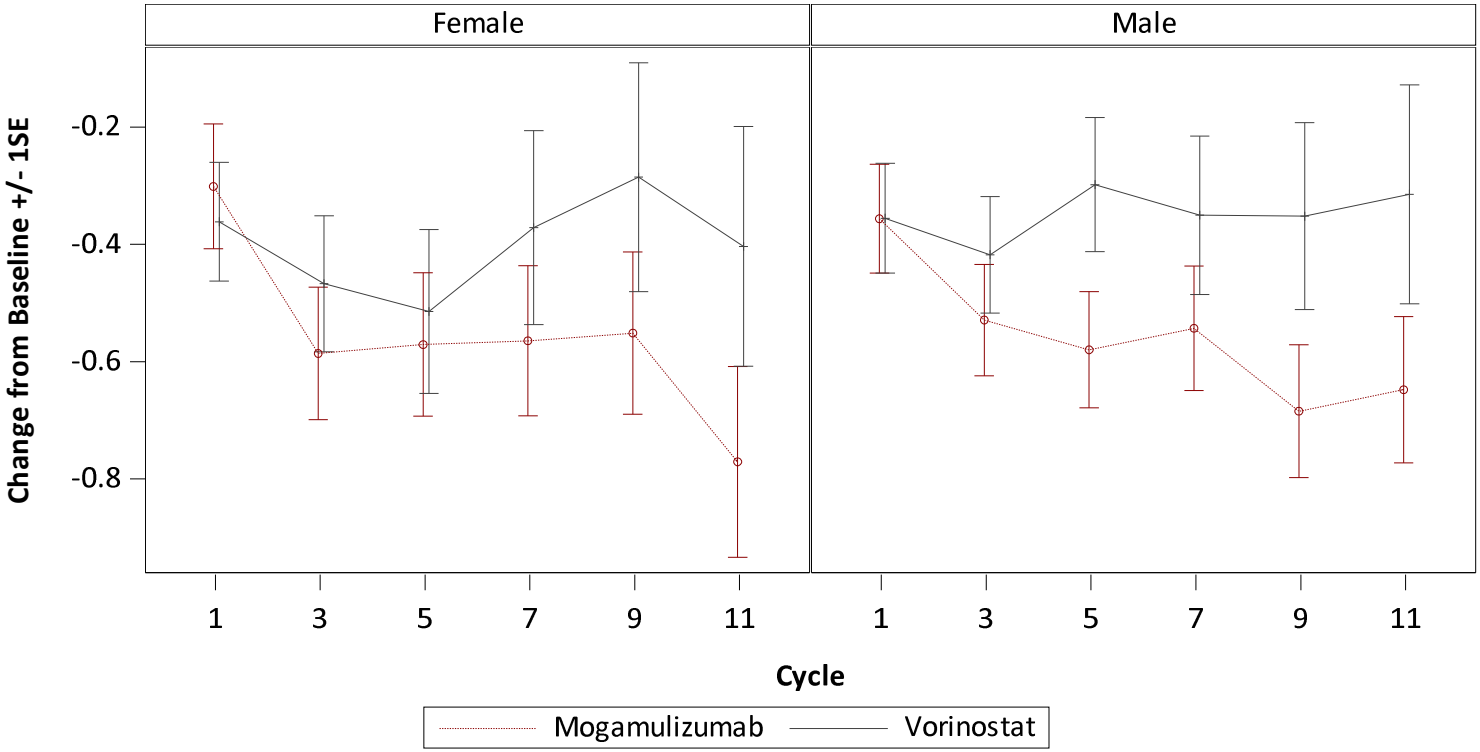

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Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP Pruritus Likert Scale Score
AGE GROUP

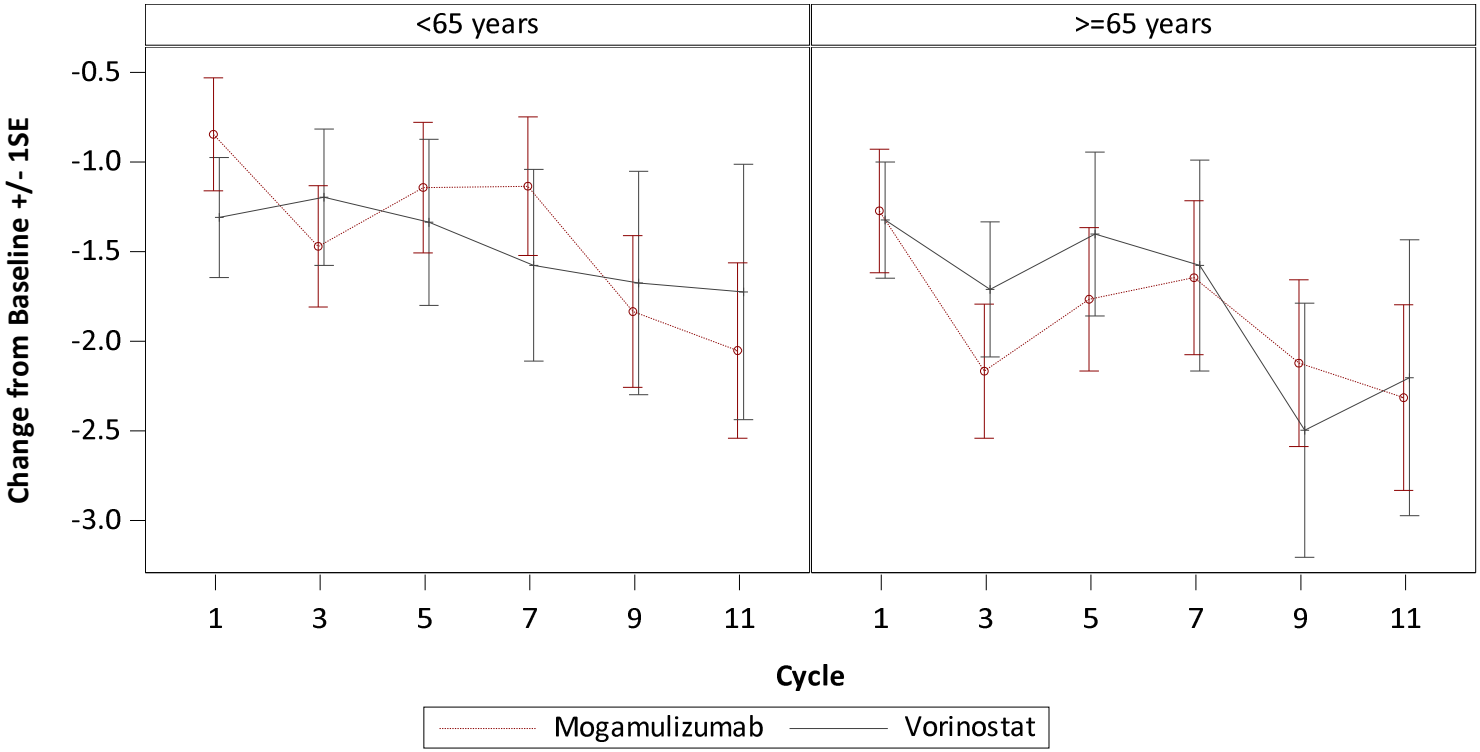

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Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP Pruritus Likert Scale Score
BLOOD INVOLVEMENT

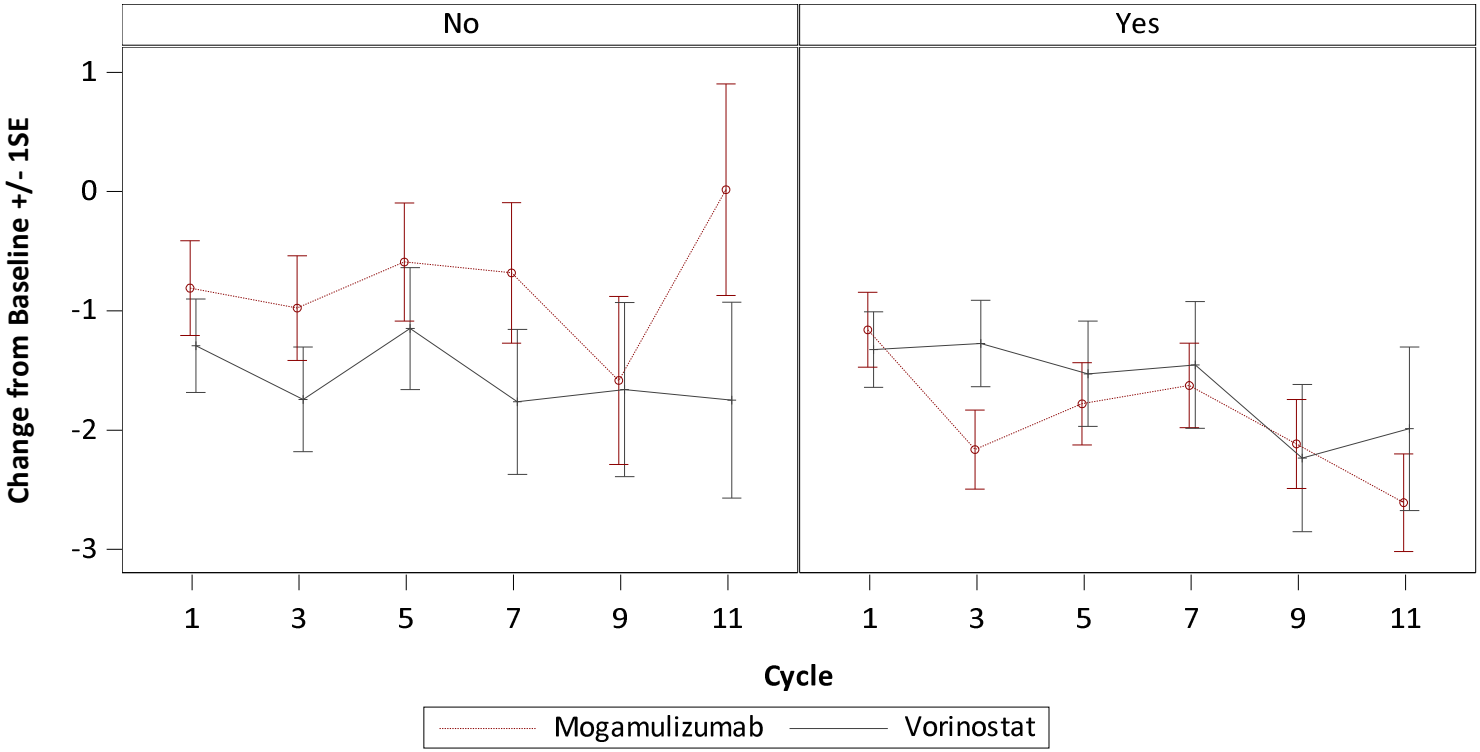

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Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP Pruritus Likert Scale Score
DISEASE STAGE

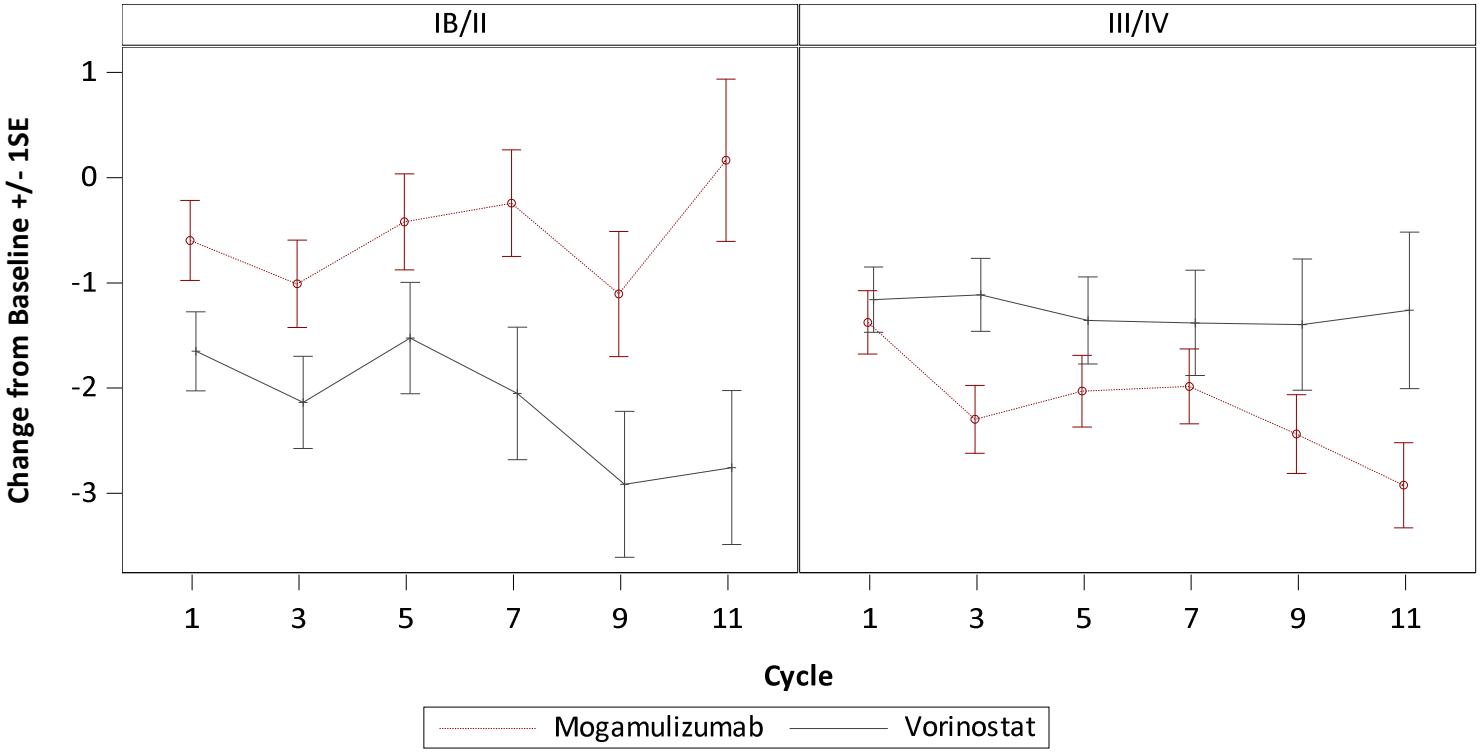

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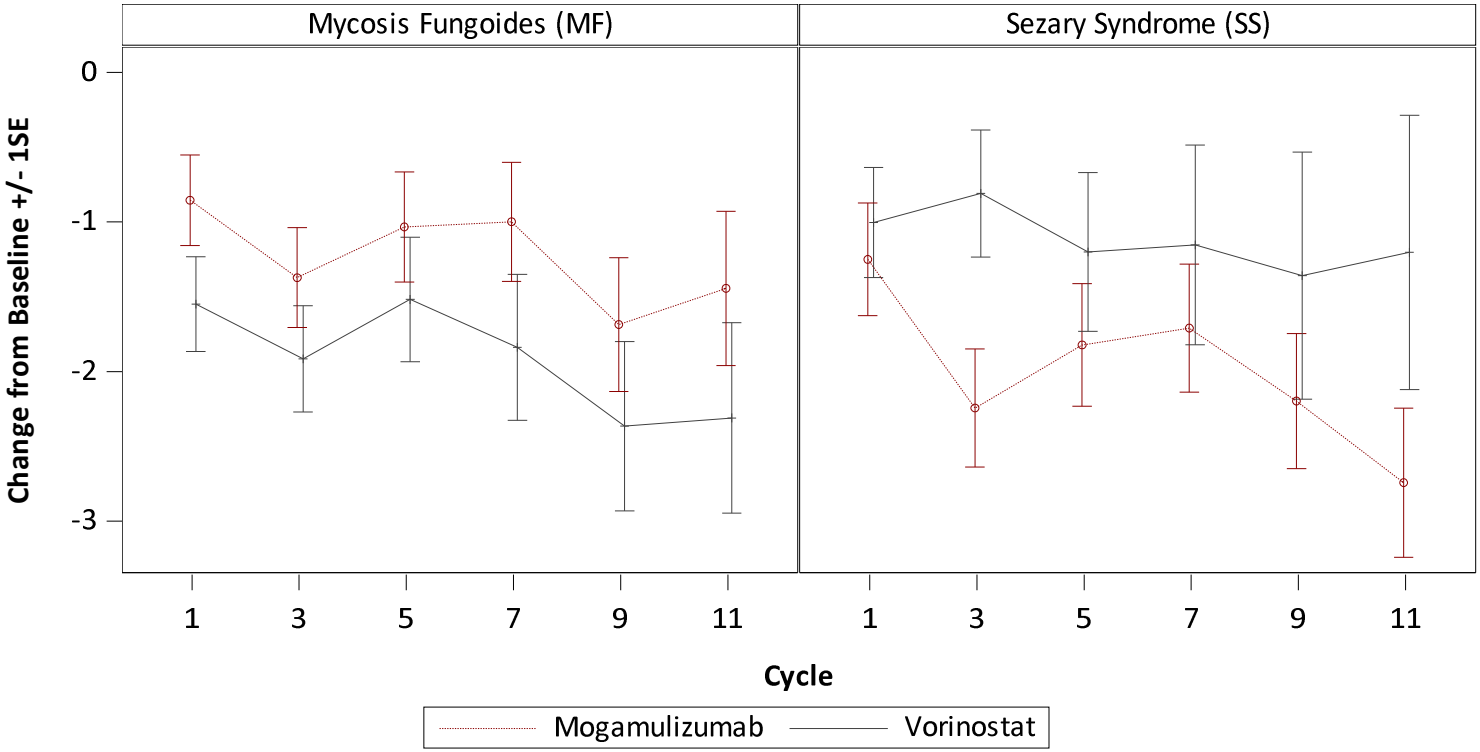
Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP Pruritus Likert Scale Score
DISEASE TYPE



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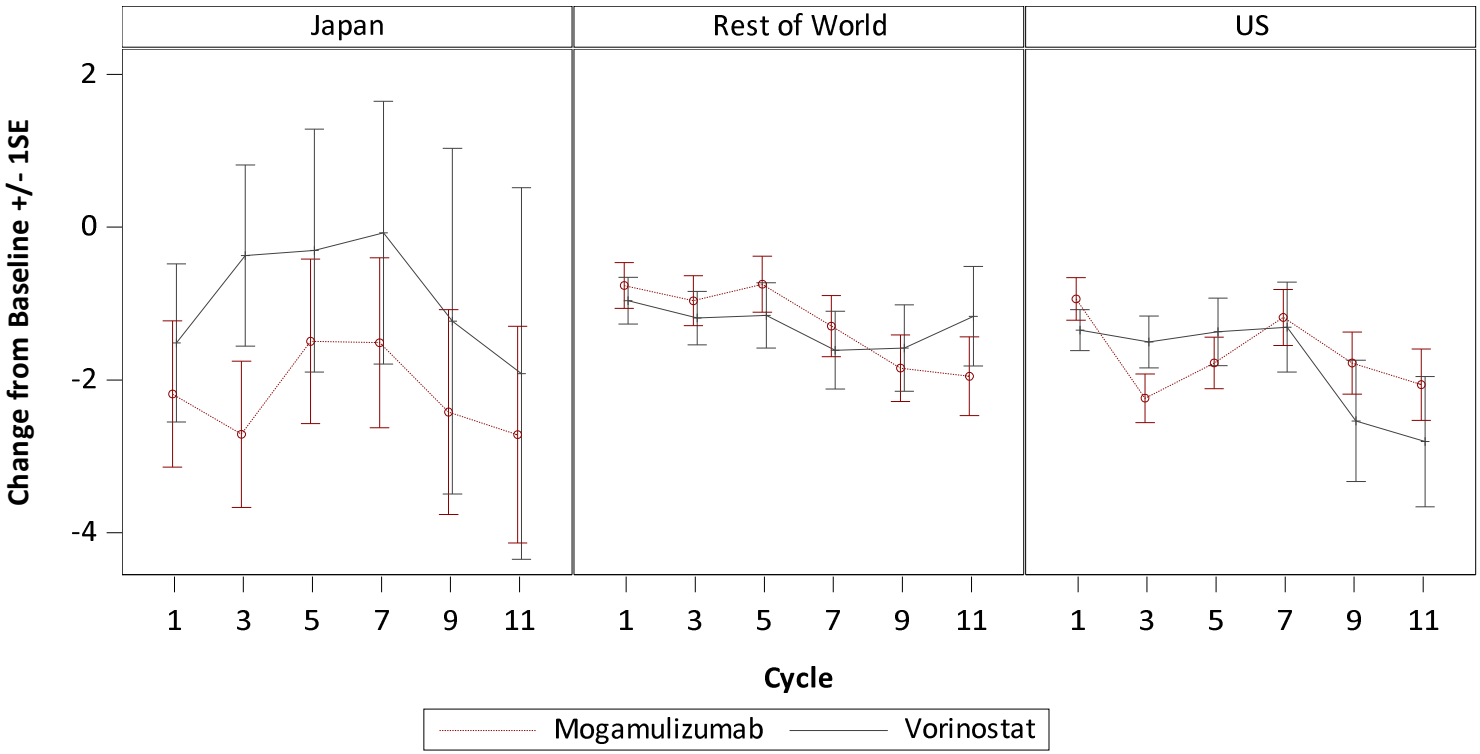
Program: (f_kk_amnog_subgroups_plot.sas) (13DEC18:13:07:49) Analysis datasets: adqol, adqol1, adsl.

Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP Pruritus Likert Scale Score



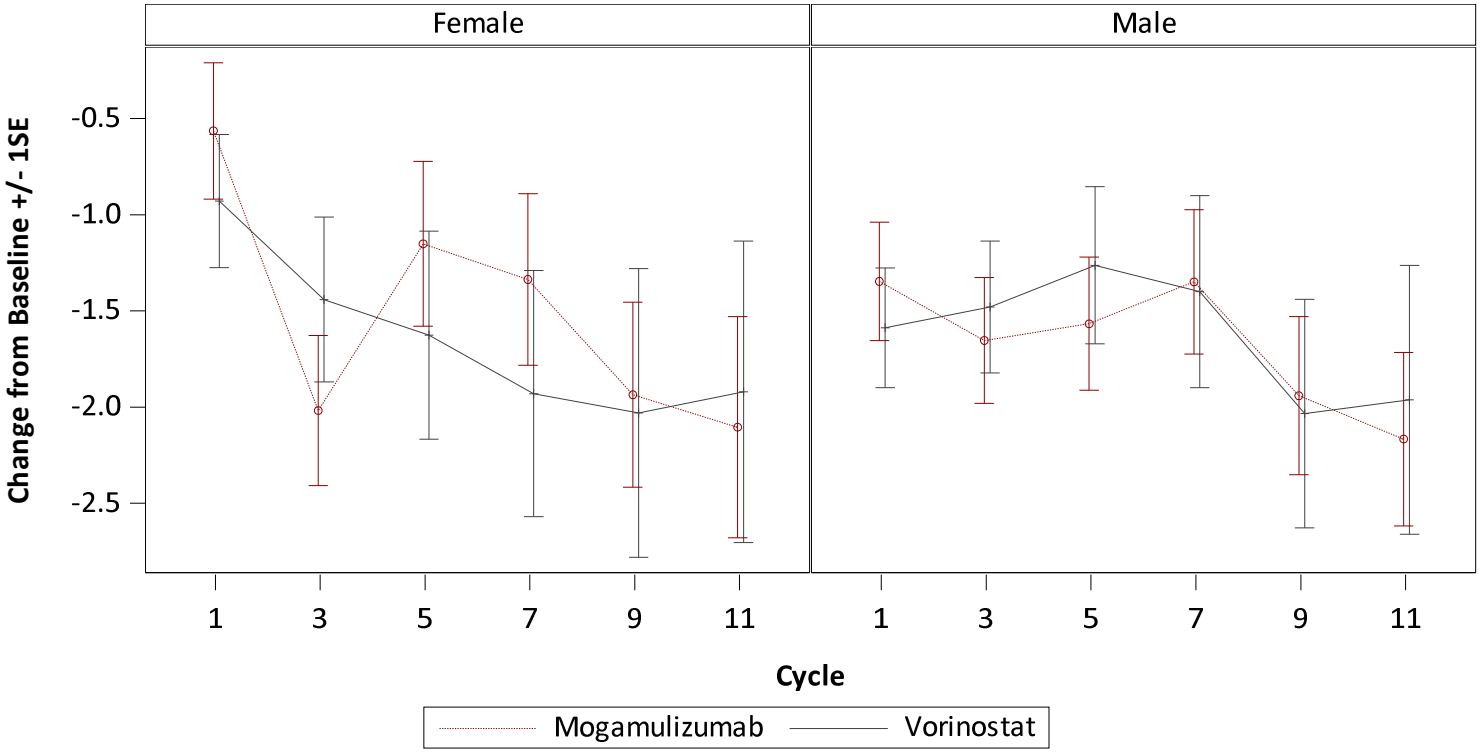
The LPP population consists of subjects who have survived and maintained in the study through from baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

Least squares (LS) means and standard error are from a repeated measures model including visits through Cycle 11 (odd cycles only) with treatment, visit, disease type, disease stage, region, subgroup, treatment*visit, treatment*subgroup and treatment*subgroup*visit as fixed effects, and Baseline as a covariate.

Program: (f_kk_amnog_subgroups_plot.sas) (13DEC18:13:07:49) Analysis datasets: adqol, adqol1, adsl.

Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP Pruritus Likert Scale Score

SEX



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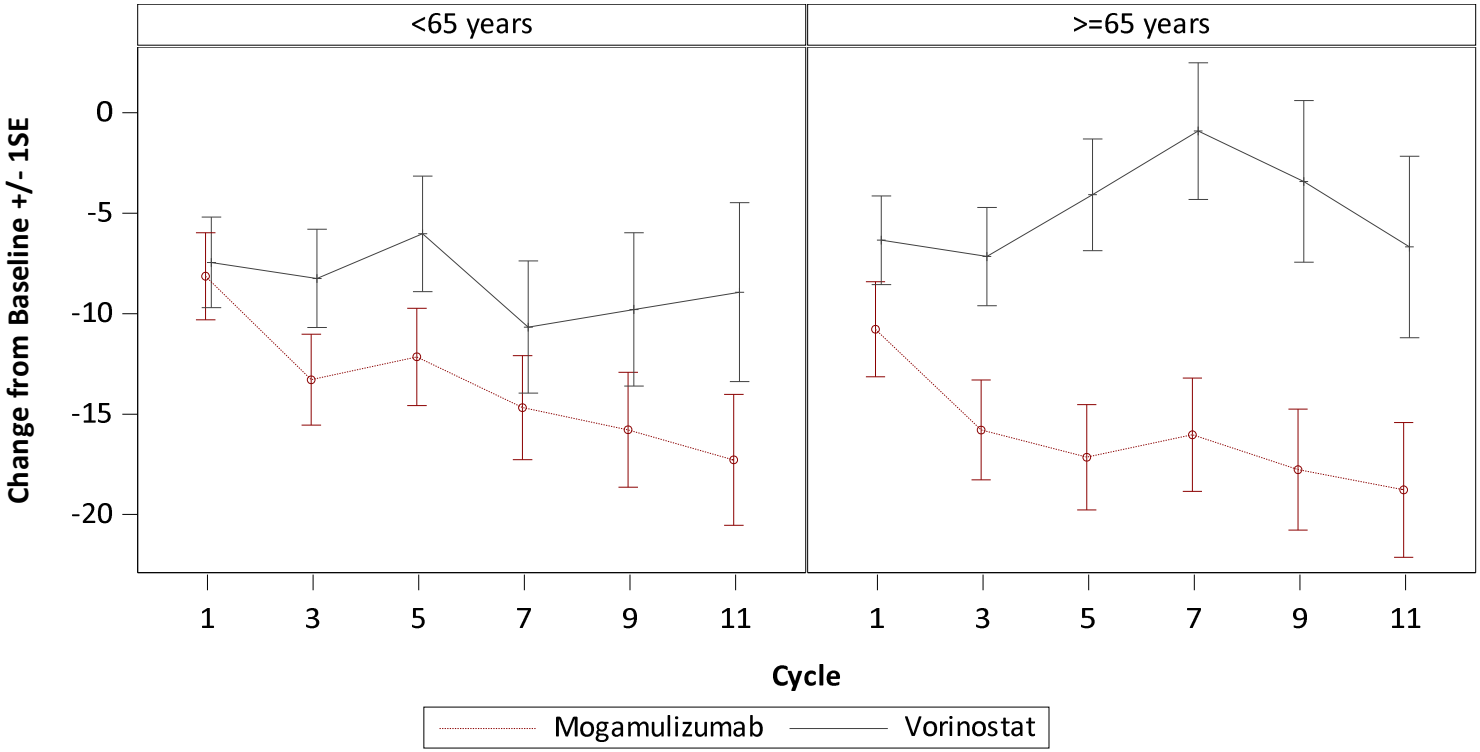
Program: (f_kk_amnog_subgroups_plot.sas) (13DEC18:13:07:49) Analysis datasets: adqol, adqol1, adsl.

Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP
Skindex-29 Total Score
AGE GROUP



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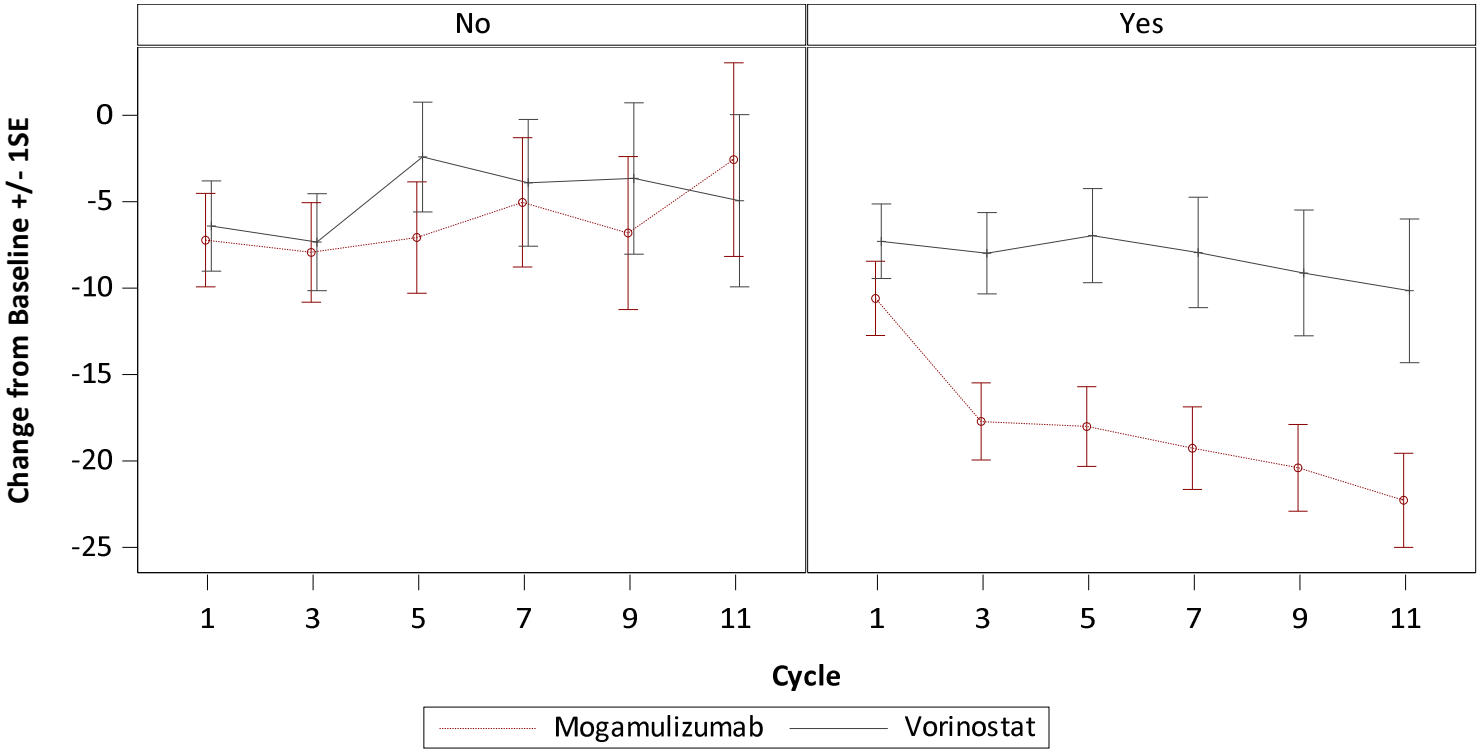
Program: (f_kk_amnog_subgroups_plot.sas) (13DEC18:13:07:49) Analysis datasets: adqol, adqol1, adsl.

Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP Skindex-29 Total Score
BLOOD INVOLVEMENT



The LPP population consists of subjects who have survived and maintained in the study through from baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

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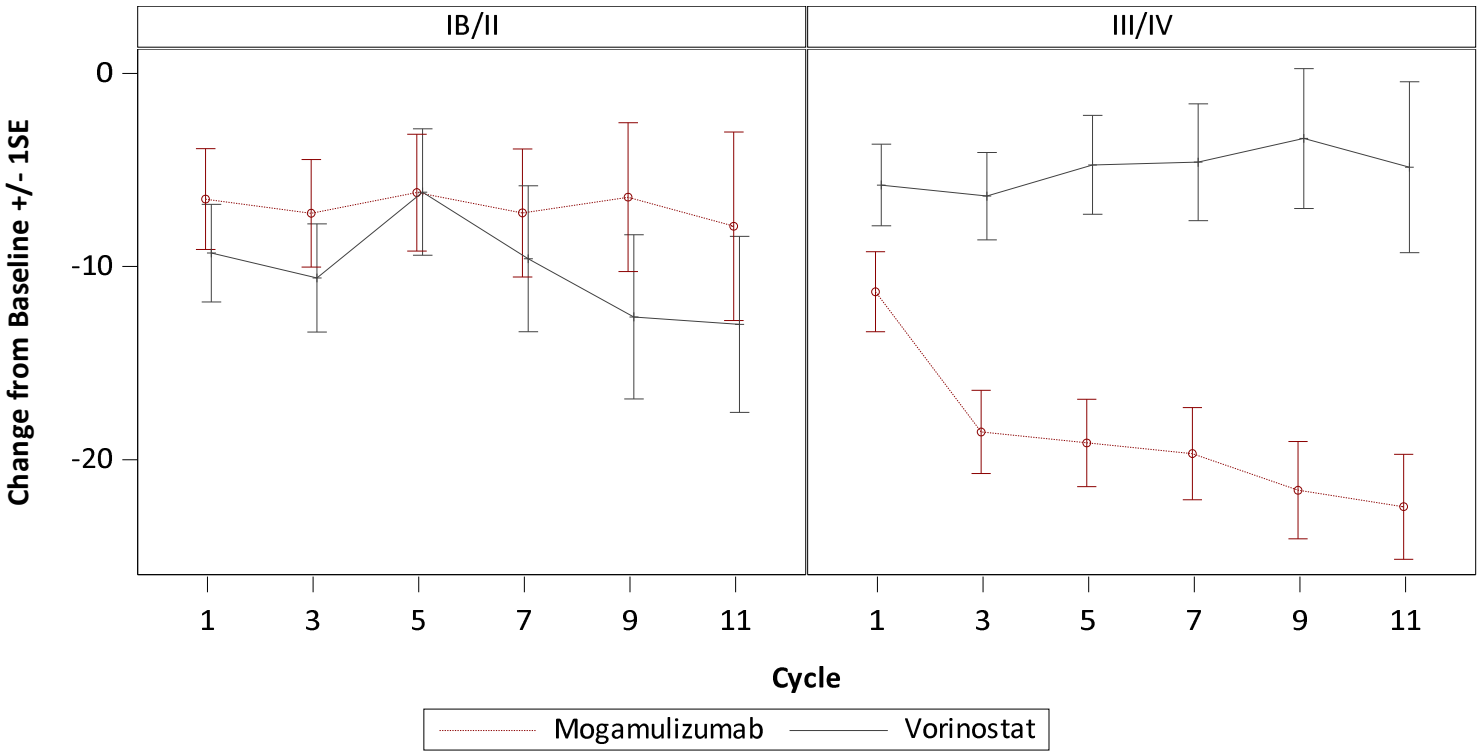
Program: (f_kk_amnog_subgroups_plot.sas) (13DEC18:13:07:49) Analysis datasets: adqol, adqol1, adsl.

Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP Skindex-29 Total Score



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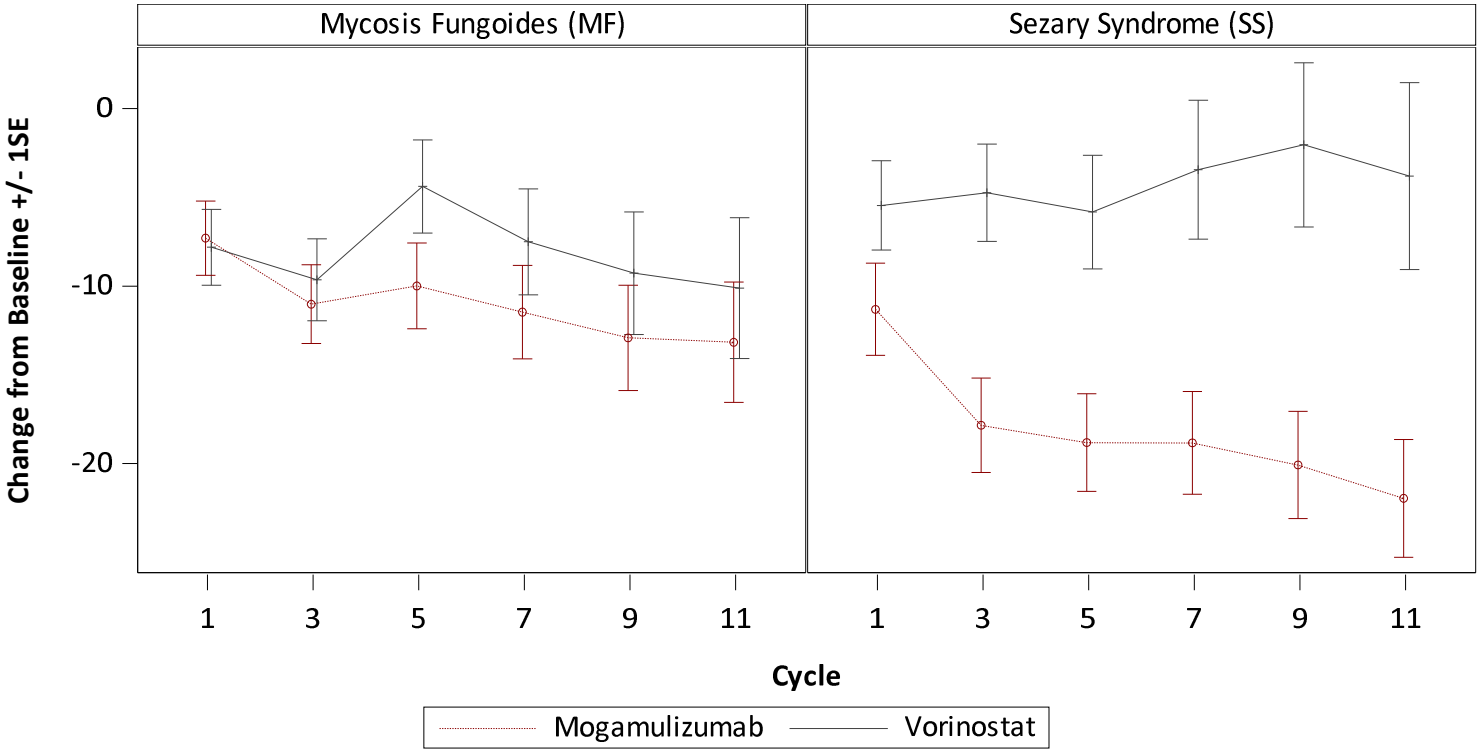
Program: (f_kk_amnog_subgroups_plot.sas) (13DEC18:13:07:49) Analysis datasets: adqol, adqol1, adsl.

Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP Skindex-29 Total Score
DISEASE TYPE



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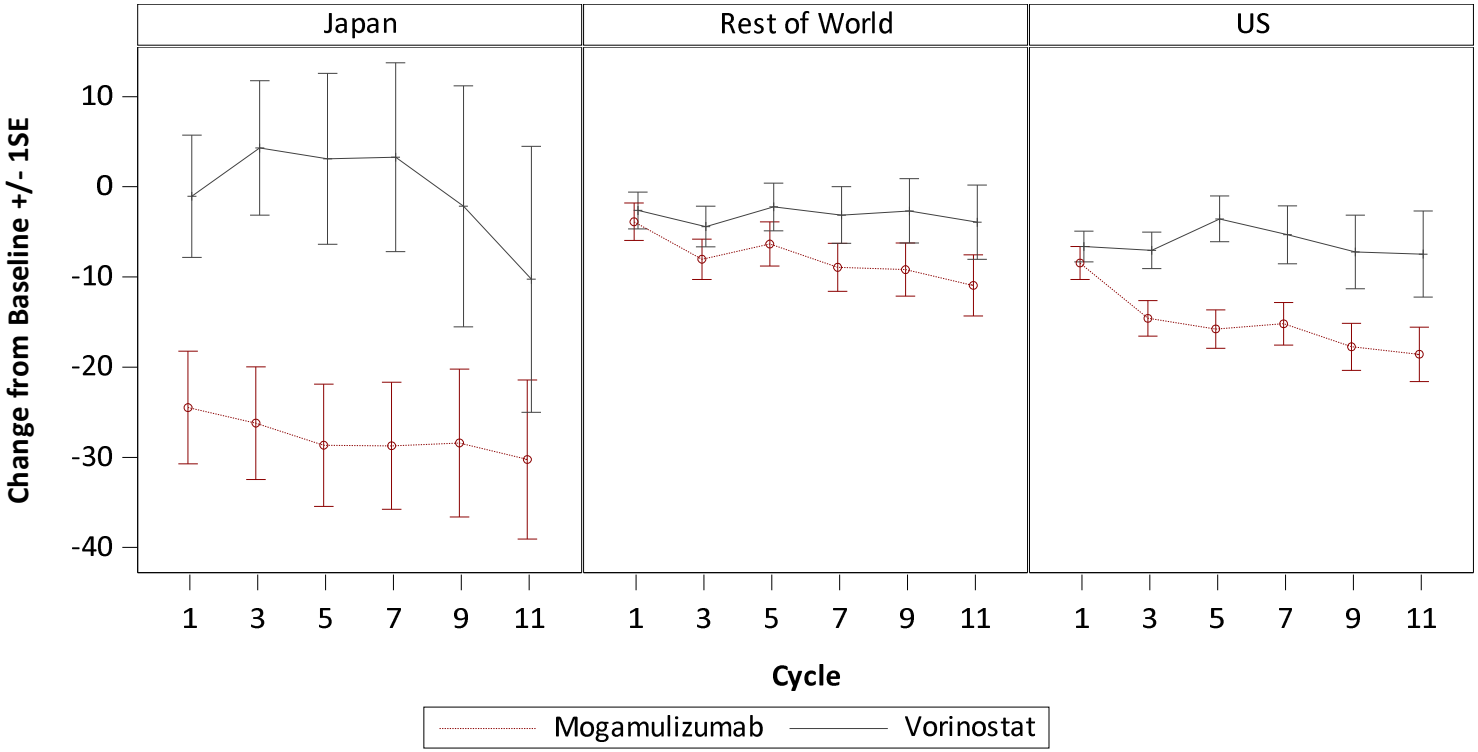
Program: (f_kk_amnog_subgroups_plot.sas) (13DEC18:13:07:49) Analysis datasets: adqol, adqol1, adsl.

Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP
Skindex-29 Total Score
REGION



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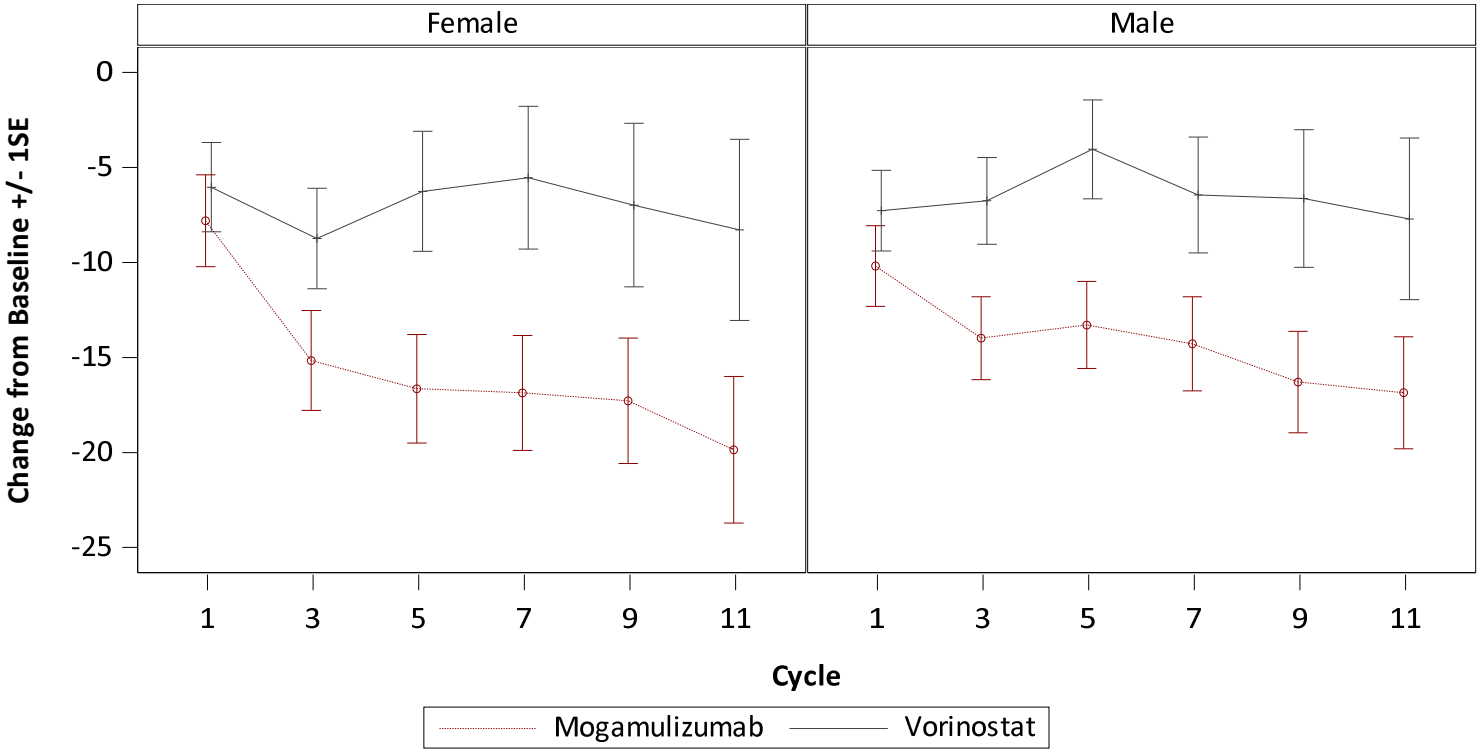
Program: (f_kk_amnog_subgroups_plot.sas) (13DEC18:13:07:49) Analysis datasets: adqol, adqol1, adsl.

Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP Skindex-29 Total Score

SEX



The LPP population consists of subjects who have survived and maintained in the study through from baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

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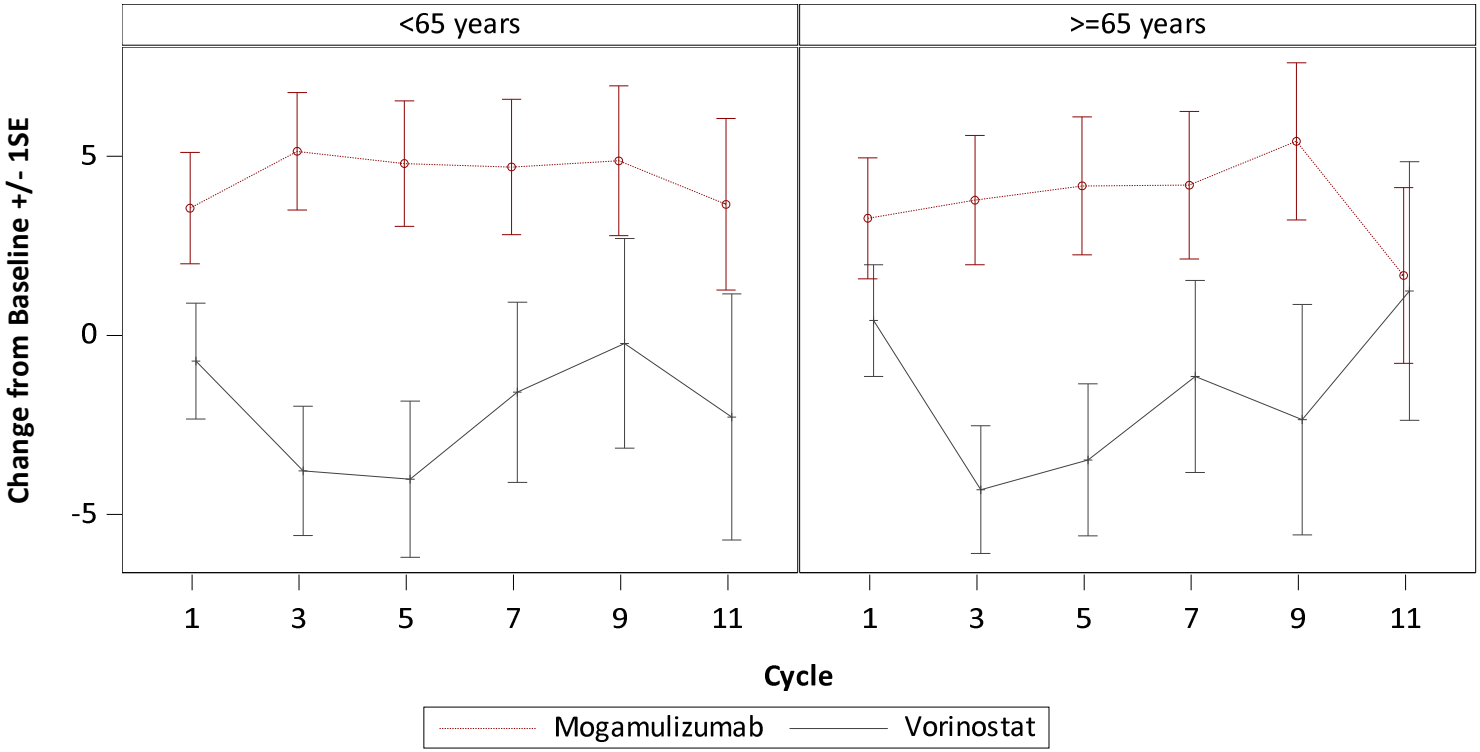
Program: (f_kk_amnog_subgroups_plot.sas) (13DEC18:13:07:49) Analysis datasets: adqol, adqol1, adsl.

Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP
FACT-G Total Score
AGE GROUP



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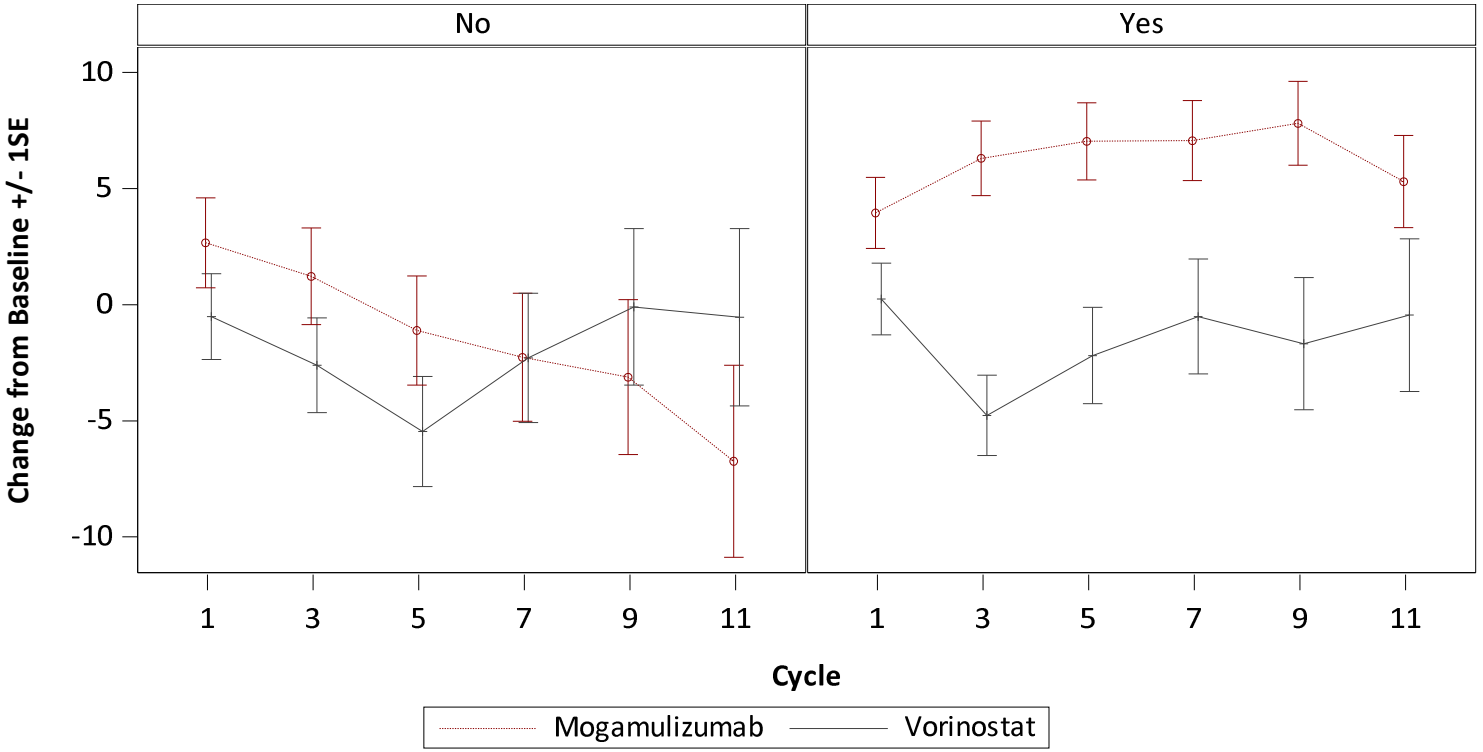
Program: (f_kk_amnog_subgroups_plot.sas) (13DEC18:13:07:49) Analysis datasets: adqol, adqol1, adsl.

Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP
FACT-G Total Score
BLOOD INVOLVEMENT



The LPP population consists of subjects who have survived and maintained in the study through from baseline to Day 1 of Cycle 1 to Day 1 of the specified cumulative cycle and have available QoL data for that time point.

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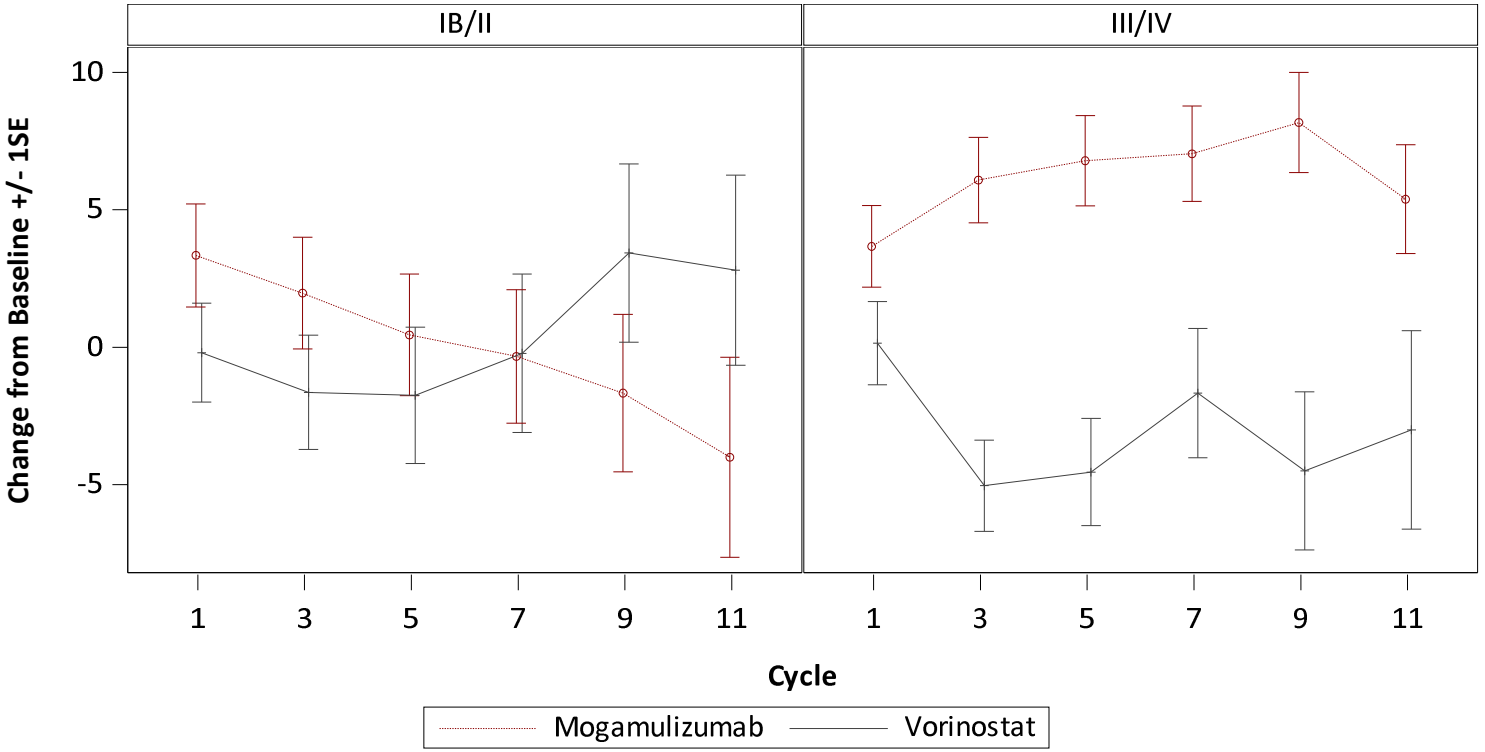
Program: (f_kk_amnog_subgroups_plot.sas) (13DEC18:13:07:49) Analysis datasets: adqol, adqol1, adsl.

Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP
FACT-G Total Score
DISEASE STAGE



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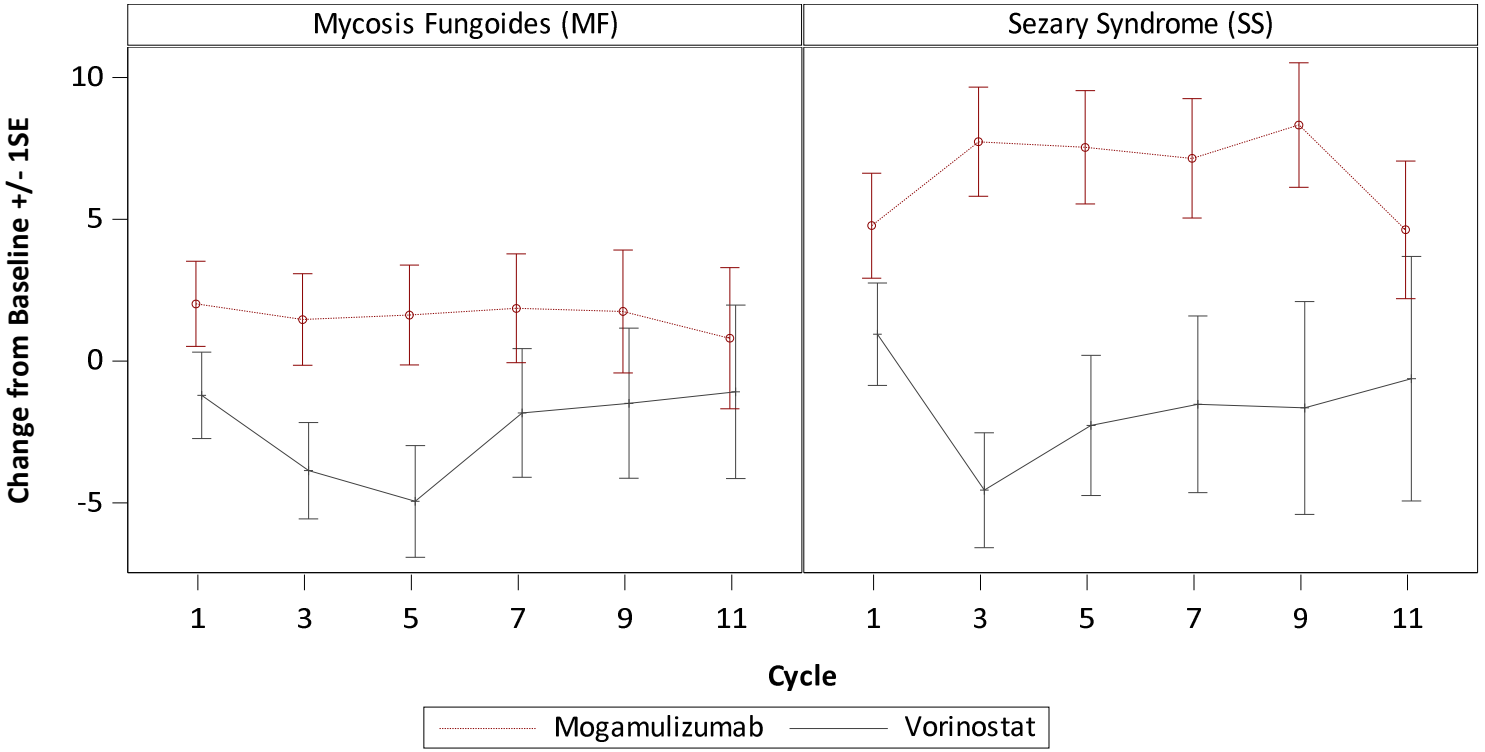
Program: (f_kk_amnog_subgroups_plot.sas) (13DEC18:13:07:49) Analysis datasets: adqol, adqol1, adsl.

Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP
FACT-G Total Score
DISEASE TYPE



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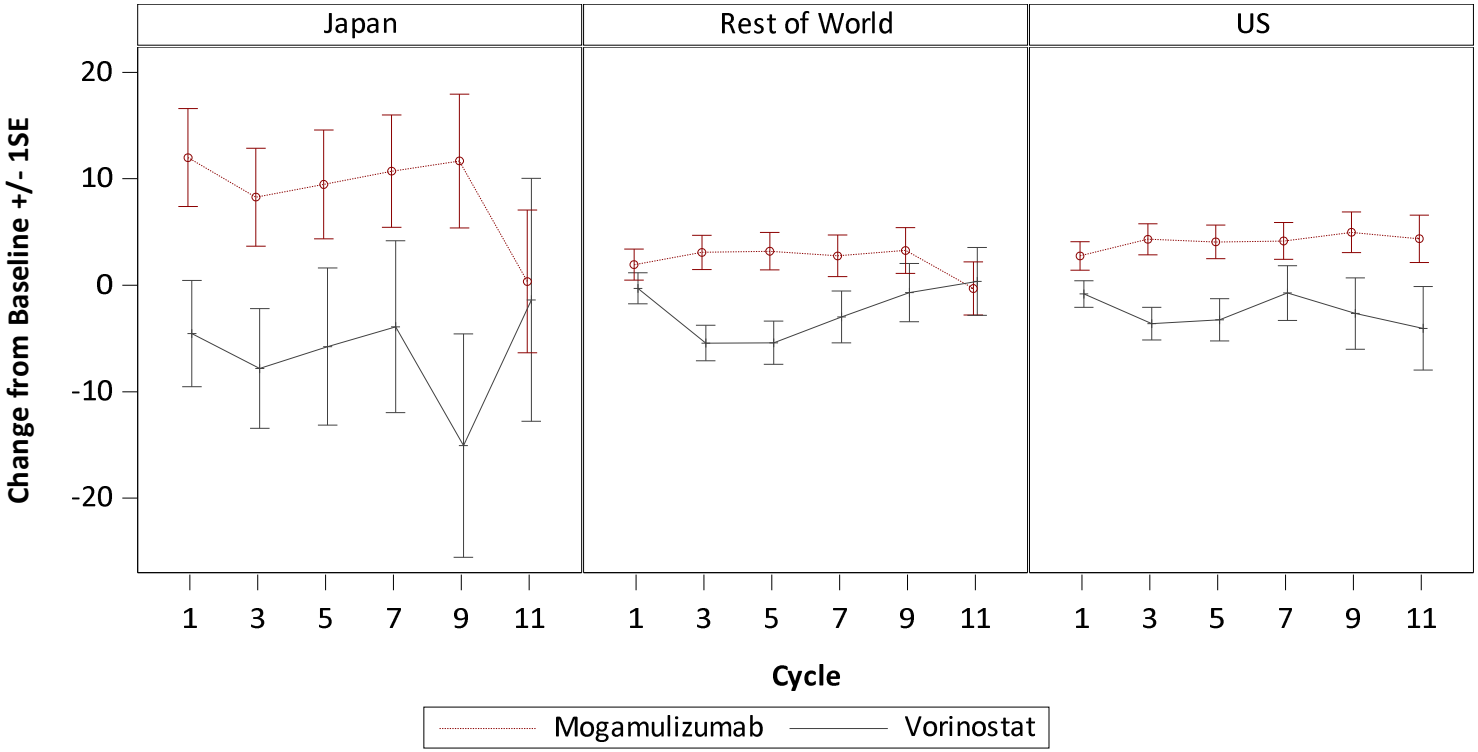
Program: (f_kk_amnog_subgroups_plot.sas) (13DEC18:13:07:49) Analysis datasets: adqol, adqol1, adsl.

Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP
FACT-G Total Score
REGION



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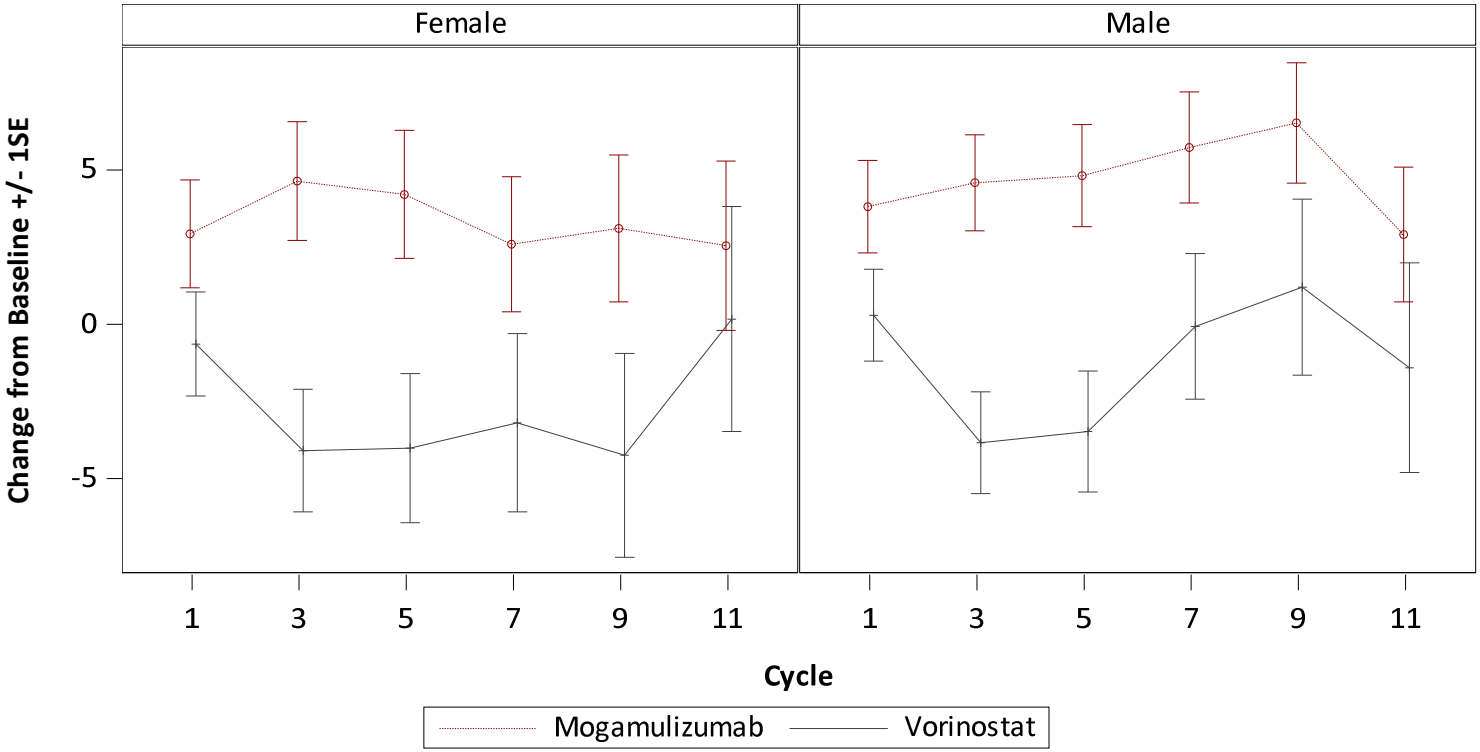
Program: (f_kk_amnog_subgroups_plot.sas) (13DEC18:13:07:49) Analysis datasets: adqol, adqol1, adsl.

Figure 2. Adjusted Means and Associated Standard Error for the Change from Baseline by Study Visit (Subgroups); LPP
FACT-G Total Score
SEX



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Program: (f_kk_amnog_subgroups_plot.sas) (13DEC18:13:07:49) Analysis datasets: adqol, adqol1, adsl.

Cox Model to Test for Interaction Between Treatment and Variable of Interest
Time to Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period
Safety Analysis Set

Interaction Term	p-value
Treatment Plan X Gender(F vs M)	0.4680
Treatment Plan X Age Group(>= 65 years vs < 65 years)	0.8020
Treatment Plan X Disease Type(SS vs MF)	0.9420
Treatment Plan X Disease Stage(III/IV vs IB/II)	0.3480
Treatment Plan X Blood Involvement(Yes vs No)	0.2738
Treatment Plan X Region 1(Europe vs US)	0.2120
Treatment Plan X Region 2(Europe vs Rest of World)	0.8063

Note: The covariates in the Cox proportional hazards model include the specified variable, treatment, disease type, disease stage, region and interaction between treatment and the specified variable. The p-value is obtained from Wald-test. For Treatment Plan * Region 1, the analysis set exludes subjects in Rest of World. For Treatment Plan * Region 2, the analysis set excludes subjects in US.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.

Summary of Time to Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Gender (Male,Female)
Safety Analysis Set

	Female		Male	
	Vorinostat N=79	KW-0761 N=77	Vorinostat N=107	KW-0761 N=107
Number of Subjects with Event (n, %)	78 (98.7)	75 (97.4)	107 (100.0)	104 (97.2)
Number of Subjects Censored (n, %)	1 (1.3)	2 (2.6)	0	3 (2.8)
Time to Event (months)				
Kaplan-Meier Estimate of Time to Event				
Q1	0.0	0.0	0.0	0.0
Median (95% CI)*	0.10 (0.07, 0.17)	0.03 (0.03, 0.10)	0.13 (0.10, 0.20)	0.20 (0.03, 0.30)
Q3	0.3	0.5	0.3	0.5
Mean	0.25	0.48	0.29	0.52
Std Dev	0.530	1.187	0.495	0.980
Median	0.10	0.03	0.13	0.20
Minimum	0.0	0.0	0.0	0.0
Maximum	4.5	8.9	3.1	6.1
------ Treatment Comparison ------				
KW-0761 vs. Vorinostat**				
Hazard Ratio (95% CI)		0.93 (0.66, 1.30)		0.73 (0.55, 0.96)
Log rank p-value		0.2319		0.0259

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Gender (Male,Female)
Safety Analysis Set

	Female		Male	
	Vorinostat N=79	KW-0761 N=77	Vorinostat N=107	KW-0761 N=107
Rate (%) of without Event for at Least***				
6 Months (95% CI)	-	3.5 (0.8, 9.8)	-	1.8 (0.2, 7.7)

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
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*** Kaplan-Meier estimate.

Summary of Time to Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Age (<65,>=65)
Safety Analysis Set

	<65 Years		>=65 Years	
	Vorinostat N=89	KW-0761 N=99	Vorinostat N=97	KW-0761 N=85
Number of Subjects with Event (n, %)	89 (100.0)	95 (96.0)	96 (99.0)	84 (98.8)
Number of Subjects Censored (n, %)	0	4 (4.0)	1 (1.0)	1 (1.2)
Time to Event (months)				
Kaplan-Meier Estimate of Time to Event				
Q1	0.0	0.0	0.0	0.0
Median (95% CI)*	0.10 (0.07, 0.13)	0.07 (0.03, 0.27)	0.17 (0.10, 0.23)	0.10 (0.03, 0.27)
Q3	0.3	0.5	0.3	0.5
Mean	0.28	0.54	0.27	0.46
Std Dev	0.504	1.258	0.516	0.799
Median	0.10	0.07	0.17	0.10
Minimum	0.0	0.0	0.0	0.0
Maximum	3.1	8.9	4.5	4.0
------ Treatment Comparison ------				
KW-0761 vs. Vorinostat**				
Hazard Ratio (95% CI)		0.81 (0.60, 1.09)		0.78 (0.57, 1.06)
Log rank p-value		0.0656		0.0214

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Age (<65,>=65)
Safety Analysis Set

	<65 Years		>=65 Years	
	Vorinostat N=89	KW-0761 N=99	Vorinostat N=97	KW-0761 N=85
Rate (%) of without Event for at Least***				
6 Months (95% CI)	-	6.1 (2.5, 11.9)		

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Disease Type (MF,SS)
Safety Analysis Set

	MF		SS	
	Vorinostat N=99	KW-0761 N=105	Vorinostat N=87	KW-0761 N=79
Number of Subjects with Event (n, %)	98 (99.0)	100 (95.2)	87 (100.0)	79 (100.0)
Number of Subjects Censored (n, %)	1 (1.0)	5 (4.8)		
Time to Event (months)				
Kaplan-Meier Estimate of Time to Event				
Q1	0.1	0.0	0.0	0.0
Median (95% CI)*	0.13 (0.10, 0.20)	0.17 (0.03, 0.27)	0.10 (0.07, 0.17)	0.03 (0.03, 0.20)
Q3	0.3	0.5	0.3	0.5
Mean	0.31	0.49	0.23	0.52
Std Dev	0.590	0.945	0.398	1.220
Median	0.13	0.17	0.10	0.03
Minimum	0.0	0.0	0.0	0.0
Maximum	4.5	6.1	3.1	8.9
------ Treatment Comparison ------				
KW-0761 vs. Vorinostat**				
Hazard Ratio (95% CI)		0.78 (0.58, 1.04)		0.81 (0.59, 1.13)
Log rank p-value		0.0357		0.0872

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Disease Type (MF,SS)
Safety Analysis Set

	MF		SS	
	Vorinostat N=99	KW-0761 N=105	Vorinostat N=87	KW-0761 N=79
Rate (%) of without Event for at Least***				
6 Months (95% CI)	-	5.3 (2.0, 11.1)	-	1.3 (0.1, 6.1)

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Disease Stage (IB/II)
Safety Analysis Set

	Stages IB/II		Stages III/IV	
	Vorinostat N=72	KW-0761 N=68	Vorinostat N=114	KW-0761 N=116
Number of Subjects with Event (n, %)	71 (98.6)	65 (95.6)	114 (100.0)	114 (98.3)
Number of Subjects Censored (n, %)	1 (1.4)	3 (4.4)	0	2 (1.7)
Time to Event (months)				
Kaplan-Meier Estimate of Time to Event				
Q1	0.1	0.0	0.0	0.0
Median (95% CI)*	0.12 (0.10, 0.17)	0.27 (0.03, 0.27)	0.13 (0.07, 0.20)	0.03 (0.03, 0.20)
Q3	0.3	0.5	0.3	0.5
Mean	0.26	0.55	0.28	0.48
Std Dev	0.575	1.049	0.466	1.084
Median	0.12	0.27	0.13	0.03
Minimum	0.0	0.0	0.0	0.0
Maximum	4.5	6.1	3.1	8.9
------ Treatment Comparison ------				
KW-0761 vs. Vorinostat**				
Hazard Ratio (95% CI)		0.64 (0.45, 0.91)		0.88 (0.67, 1.15)
Log rank p-value		0.0059		0.2117

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Disease Stage (IB/II)
Safety Analysis Set

	Stages IB/II		Stages III/IV	
	Vorinostat N=72	KW-0761 N=68	Vorinostat N=114	KW-0761 N=116
Rate (%) of without Event for at Least***				
6 Months (95% CI)	-	5.5 (1.6, 13.0)	-	1.4 (0.1, 6.1)

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source: adsl.sas7bdat adtteae.sas7bdat Program source: CVD_AE_Sub_DS.sas Data cut-off date: 31-Dec-2016

Summary of Time to Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Blood Involvement (Yes,No)
Safety Analysis Set

	--------Blood Involvement No--------		--------Blood Involvement Yes--------	
	Vorinostat N=62	KW-0761 N=63	Vorinostat N=122	KW-0761 N=121
Number of Subjects with Event (n, %)	62 (100.0)	61 (96.8)	121 (99.2)	118 (97.5)
Number of Subjects Censored (n, %)	0	2 (3.2)	1 (0.8)	3 (2.5)
Time to Event (months)				
Kaplan-Meier Estimate of Time to Event				
Q1	0.1	0.0	0.0	0.0
Median (95% CI)*	0.10 (0.07, 0.17)	0.27 (0.07, 0.30)	0.13 (0.07, 0.20)	0.03 (0.03, 0.10)
Q3	0.3	0.5	0.3	0.5
Mean	0.23	0.52	0.30	0.50
Std Dev	0.372	0.938	0.570	1.134
Median	0.10	0.27	0.13	0.03
Minimum	0.0	0.0	0.0	0.0
Maximum	2.2	6.1	4.5	8.9
------ Treatment Comparison ------				
KW-0761 vs. Vorinostat**				
Hazard Ratio (95% CI)		0.62 (0.43, 0.90)		0.89 (0.68, 1.16)
Log rank p-value		0.0094		0.2113

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Blood Involvement (Yes,No)
Safety Analysis Set

	--------Blood Involvement No--------		--------Blood Involvement Yes--------	
	Vorinostat N=62	KW-0761 N=63	Vorinostat N=122	KW-0761 N=121
Rate (%) of without Event for at Least***				
6 Months (95% CI)	-	3.2 (0.4, 12.0)	-	1.7 (0.2, 7.0)

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Treatment Emergent Adverse Event (TEAE) During Randomized Treatment Period by Regic

	Australia KW-0761 N=9	Vorinostat N=7
Number of Subjects with Event (n, %)	9 (100.0)	7 (100.0)
Number of Subjects Censored (n, %)		
Time to Event (months) Kaplan-Meier Estimate of Time to Event		
Q1	0.0	0.0
Median (95% CI)*	0.27 (0.03, 0.33)	0.13 (0.03, 0.20)
Q3	0.3	0.2
Mean	0.30	0.11
Std Dev	0.393	0.072
Median	0.27	0.13
Minimum	0.0	0.0
Maximum	1.3	0.2
Treatment Comparison KW-0761 vs. Vorinostat **		
Hazard Ratio (95% CI)	0.31 (0.09, 1.11)	
Log rank p-value	0.1477	
Rate (%) of without Event for at Least ***		
6 Months (95% CI)		

ɔn - Safety Analysis Set

Europe KW-0761 N=69	Vorinostat N=70	Japan KW-0761 N=9	Vorinostat N=6	U.S. KW-0761 N=97
67 (97.1)	69 (98.6)	9 (100.0)	6 (100.0)	94 (96.9)
2 (2.9)	1 (1.4)			3 (3.1)
0.0	0.0	0.0	0.1	0.0
0.30 (0.10, 0.47)	0.13 (0.07, 0.27)	0.03 (0.03, 0.47)	0.07 (0.03, 0.13)	0.03 (0.03, 0.07)
0.7	0.3	0.3	0.1	0.3
0.81	0.42	0.19	0.08	0.34
1.493	0.771	0.251	0.041	0.687
0.30	0.13	0.03	0.07	0.03
0.0	0.0	0.0	0.0	0.0
8.9	4.5	0.7	0.1	3.9
0.73 (0.51, 1.02)		0.68 (0.19, 2.49)		0.93 (0.69, 1.25)
0.0268		0.4907		0.2314
4.2 (0.9, 11.9)	-			

Vorinostat N=103
103 (100.0)
0
0.0
0.10 (0.10, 0.17)
0.3
0.19
0.206
0.10
0.0
1.1

Table 5.1.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS	Interaction test p-value		0.1528
THROMBOCYTOPENIA	Interaction test p-value		0.5870

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS	Interaction test p-value		0.4707
ABDOMINAL PAIN	Interaction test p-value		0.7974
ABDOMINAL PAIN UPPER	Interaction test p-value		0.9949
CONSTIPATION	Interaction test p-value		0.1436

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
DIARRHOEA	Interaction test p-value		0.4765
DRY MOUTH	Interaction test p-value		0.3348
DYSPEPSIA	Interaction test p-value		0.9958
NAUSEA	Interaction test p-value		0.1857
VOMITING	Interaction test p-value		0.0826
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS	Interaction test p-value		0.3109
ASTHENIA	Interaction test p-value		0.0230

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
FATIGUE	Interaction test p-value		0.3277
PYREXIA	Interaction test p-value		0.4784
INFECTIONS AND INFESTATIONS			
CELLULITIS	Interaction test p-value		0.7834

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NASOPHARYNGITIS	Interaction test p-value		0.2133
INJURY, POISONING AND PROCEDURAL COMPLICATIONS	Interaction test p-value		0.6789

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFUSION RELATED REACTION	Interaction test p-value		0.9849
INVESTIGATIONS	Interaction test p-value		0.5994
BLOOD CREATININE INCREASED	Interaction test p-value		0.3590
PLATELET COUNT DECREASED	Interaction test p-value		0.1028
WEIGHT DECREASED	Interaction test p-value		0.4208

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
WEIGHT INCREASED	Interaction test p-value		0.7237
METABOLISM AND NUTRITION DISORDERS	Interaction test p-value		0.9149
DECREASED APPETITE	Interaction test p-value		0.9583
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS			

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
MUSCLE SPASMS	Interaction test p-value		0.5907
NERVOUS SYSTEM DISORDERS	Interaction test p-value		0.0468
DIZZINESS	Interaction test p-value		0.7012

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
DYSGEUSIA	Interaction test p-value		0.9026
HEADACHE	Interaction test p-value		0.8875
PARAESTHESIA	Interaction test p-value		0.4133
RENAL AND URINARY DISORDERS	Interaction test p-value		0.6006

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
ALOPECIA	Interaction test p-value		0.0274
DRUG ERUPTION	Interaction test p-value		0.9871
VASCULAR DISORDERS	Interaction test p-value		0.7925

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Gender : Male

	Vorinostat N=107		Mogamulizumab N=107		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Subjects with any TEAE	107 (100)	47 (43.9)	104 (97.2)	49 (45.8)	0.73 (0.55, 0.96)	0.0259
Gastrointestinal Disorders	85 (79.4)	7 (6.5)	55 (51.4)	4 (3.7)	0.25 (0.17, 0.36)	< .0001
Diarrhoea	64 (59.8)	2 (1.9)	25 (23.4)	1 (0.9)	0.16 (0.10, 0.27)	< .0001
Nausea	38 (35.5)	1 (0.9)	17 (15.9)	1 (0.9)	0.31 (0.17, 0.57)	< .0001
Constipation	24 (22.4)	2 (1.9)	12 (11.2)	1 (0.9)	0.35 (0.17, 0.73)	0.0018
Vomiting	8 (7.5)	1 (0.9)	7 (6.5)	0	0.74 (0.26, 2.07)	0.6150
Abdominal Pain	9 (8.4)	0	3 (2.8)	0	0.25 (0.06, 0.94)	0.0388
Dry Mouth	9 (8.4)	0	1 (0.9)	0	0.10 (0.01, 0.78)	0.0092
Dyspepsia	9 (8.4)	0	1 (0.9)	0	0.10 (0.01, 0.83)	0.0102
Abdominal Pain Upper	6 (5.6)	1 (0.9)	1 (0.9)	0	0.11 (0.01, 0.91)	0.0285
Dysphagia	6 (5.6)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
General Disorders and Administration Site Conditions	73 (68.2)	10 (9.3)	57 (53.3)	4 (3.7)	0.58 (0.40, 0.82)	0.0015
Fatigue	43 (40.2)	7 (6.5)	23 (21.5)	2 (1.9)	0.42 (0.25, 0.71)	0.0006
Oedema Peripheral	13 (12.1)	1 (0.9)	15 (14.0)	0	0.80 (0.37, 1.74)	0.7194
Pyrexia	5 (4.7)	0	18 (16.8)	0	2.91 (1.06, 7.98)	0.0371
Asthenia	12 (11.2)	2 (1.9)	8 (7.5)	0	0.54 (0.21, 1.38)	0.1352
Chills	12 (11.2)	0	3 (2.8)	0	0.18 (0.05, 0.64)	0.0052
Malaise	6 (5.6)	0	2 (1.9)	0	0.28 (0.05, 1.39)	0.1051
Infections and Infestations	48 (44.9)	10 (9.3)	68 (63.6)	21 (19.6)	1.19 (0.82, 1.74)	0.4574
Nasopharyngitis	12 (11.2)	0	7 (6.5)	0	0.30 (0.11, 0.80)	0.0133
Skin Infection	7 (6.5)	1 (0.9)	10 (9.3)	0	1.17 (0.43, 3.13)	0.8452
Upper Respiratory Tract Infection	3 (2.8)	1 (0.9)	13 (12.1)	0	2.59 (0.72, 9.31)	0.1208
Folliculitis	1 (0.9)	0	11 (10.3)	0	7.10 (0.90, 55.77)	0.0379
Cellulitis	6 (5.6)	2 (1.9)	4 (3.7)	3 (2.8)	0.34 (0.09, 1.30)	0.1005
Staphylococcal Skin Infection	4 (3.7)	0	6 (5.6)	0	1.08 (0.30, 3.93)	0.9234
Oral Candidiasis	0	0	7 (6.5)	0	Not Estimated Appropriately due to Short Number of Events	-
Skin and Subcutaneous Tissue Disorders	40 (37.4)	7 (6.5)	59 (55.1)	7 (6.5)	1.13 (0.75, 1.71)	0.4780
Drug Eruption	1 (0.9)	0	27 (25.2)	5 (4.7)	19.17 (2.58, 142.42)	< .0001
Alopecia	16 (15.0)	0	10 (9.3)	0	0.31 (0.13, 0.74)	0.0123
Rash	6 (5.6)	1 (0.9)	4 (3.7)	0	0.32 (0.07, 1.44)	0.1075
Nervous System Disorders	63 (58.9)	6 (5.6)	34 (31.8)	1 (0.9)	0.25 (0.16, 0.39)	< .0001

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Gender : Male

	Vorinostat N=107		Mogamulizumab N=107		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Dysgeusia	33 (30.8)	1 (0.9)	4 (3.7)	0	0.09 (0.03, 0.25)	< .0001
Headache	17 (15.9)	0	12 (11.2)	0	0.55 (0.26, 1.17)	0.0759
Dizziness	12 (11.2)	0	7 (6.5)	0	0.29 (0.11, 0.79)	0.0221
Paraesthesia	9 (8.4)	0	2 (1.9)	0	0.16 (0.03, 0.76)	0.0090
Investigations	56 (52.3)	10 (9.3)	37 (34.6)	5 (4.7)	0.37 (0.24, 0.58)	< .0001
Blood Creatinine Increased	34 (31.8)	0	3 (2.8)	0	0.06 (0.02, 0.20)	< .0001
Weight Decreased	14 (13.1)	2 (1.9)	6 (5.6)	0	0.23 (0.08, 0.62)	0.0021
Aspartate Aminotransferase Increased	9 (8.4)	1 (0.9)	5 (4.7)	2 (1.9)	0.35 (0.11, 1.09)	0.1053
Platelet Count Decreased	13 (12.1)	0	1 (0.9)	0	0.06 (0.01, 0.44)	0.0002
Alanine Aminotransferase Increased	6 (5.6)	1 (0.9)	6 (5.6)	0	0.69 (0.21, 2.23)	0.5519
Weight Increased	1 (0.9)	0	9 (8.4)	0	5.09 (0.62, 41.61)	0.1361
Blood Bilirubin Increased	6 (5.6)	1 (0.9)	0	0	Not Estimated Appropriately due to Short Number of Events	-
Metabolism and Nutrition Disorders	43 (40.2)	9 (8.4)	34 (31.8)	10 (9.3)	0.56 (0.35, 0.89)	0.0158
Decreased Appetite	28 (26.2)	2 (1.9)	9 (8.4)	2 (1.9)	0.20 (0.09, 0.44)	< .0001
Hyperglycaemia	8 (7.5)	1 (0.9)	10 (9.3)	1 (0.9)	1.03 (0.39, 2.67)	0.9530
Hypophosphataemia	2 (1.9)	1 (0.9)	7 (6.5)	3 (2.8)	3.54 (0.73, 17.31)	0.0868
Hyperkalaemia	6 (5.6)	1 (0.9)	2 (1.9)	0	0.35 (0.07, 1.76)	0.1937
Musculoskeletal and Connective Tissue Disorders	32 (29.9)	4 (3.7)	37 (34.6)	2 (1.9)	0.80 (0.49, 1.31)	0.2714
Muscle Spasms	16 (15.0)	0	6 (5.6)	0	0.24 (0.09, 0.64)	0.0032
Back Pain	7 (6.5)	1 (0.9)	10 (9.3)	0	1.00 (0.37, 2.72)	0.9102
Arthralgia	5 (4.7)	0	7 (6.5)	0	0.88 (0.27, 2.91)	0.8747
Pain In Extremity	5 (4.7)	1 (0.9)	7 (6.5)	0	1.01 (0.30, 3.37)	0.9938
Myalgia	3 (2.8)	2 (1.9)	7 (6.5)	0	2.05 (0.51, 8.18)	0.2961
Blood and Lymphatic System Disorders	41 (38.3)	8 (7.5)	22 (20.6)	2 (1.9)	0.34 (0.20, 0.59)	< .0001
Thrombocytopenia	32 (29.9)	6 (5.6)	11 (10.3)	0	0.23 (0.11, 0.48)	< .0001
Anaemia	9 (8.4)	1 (0.9)	7 (6.5)	1 (0.9)	0.62 (0.22, 1.71)	0.4641
Injury, Poisoning and Procedural Complications	14 (13.1)	1 (0.9)	43 (40.2)	4 (3.7)	3.05 (1.65, 5.64)	< .0001
Respiratory, Thoracic and Mediastinal Disorders	24 (22.4)	2 (1.9)	33 (30.8)	6 (5.6)	1.05 (0.61, 1.82)	0.7192
Infusion Related Reaction	1 (0.9)	0	29 (27.1)	2 (1.9)	32.71 (4.45, 240.67)	< .0001
Cough	10 (9.3)	0	12 (11.2)	0	0.86 (0.36, 2.05)	0.9741

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2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Gender : Male

	Vorinostat N=107		Mogamulizumab N=107		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Excoriation	2 (1.9)	0	7 (6.5)	0	1.97 (0.39, 10.04)	0.3748
Oropharyngeal Pain	2 (1.9)	0	6 (5.6)	1 (0.9)	2.22 (0.44, 11.22)	0.3457
Vascular Disorders	25 (23.4)	9 (8.4)	18 (16.8)	8 (7.5)	0.54 (0.29, 1.00)	0.0363
Hypertension	17 (15.9)	8 (7.5)	10 (9.3)	5 (4.7)	0.48 (0.21, 1.06)	0.0535
Eye Disorders	16 (15.0)	0	21 (19.6)	3 (2.8)	0.94 (0.48, 1.84)	0.8549
Renal and Urinary Disorders	24 (22.4)	1 (0.9)	13 (12.1)	2 (1.9)	0.30 (0.15, 0.61)	0.0008
Vision Blurred	4 (3.7)	0	8 (7.5)	0	1.57 (0.46, 5.32)	0.4187
Dry Eye	7 (6.5)	0	3 (2.8)	0	0.27 (0.07, 1.09)	0.1214
Psychiatric Disorders	14 (13.1)	0	15 (14.0)	1 (0.9)	0.65 (0.30, 1.40)	0.2584
Depression	5 (4.7)	0	6 (5.6)	1 (0.9)	0.65 (0.18, 2.32)	0.5358
Neoplasms Benign, Malignant and Unspecified (Incl Cysts and Polyps)	8 (7.5)	3 (2.8)	14 (13.1)	2 (1.9)	0.98 (0.40, 2.43)	0.6582
Cardiac Disorders	8 (7.5)	2 (1.9)	10 (9.3)	5 (4.7)	0.74 (0.28, 1.95)	0.4409
Ear and Labyrinth Disorders	4 (3.7)	0	9 (8.4)	0	1.32 (0.39, 4.46)	0.5775
Endocrine Disorders	1 (0.9)	0	6 (5.6)	0	3.55 (0.40, 31.18)	0.2768

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two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Gender : Female

	Vorinostat N=79		Mogamulizumab N=77		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Subjects with any TEAE	78 (98.7)	38 (48.1)	75 (97.4)	29 (37.7)	0.93 (0.66, 1.30)	0.2319
Gastrointestinal Disorders	67 (84.8)	10 (12.7)	38 (49.4)	0	0.24 (0.15, 0.37)	< .0001
Diarrhoea	51 (64.6)	7 (8.9)	18 (23.4)	0	0.16 (0.09, 0.29)	< .0001
Nausea	41 (51.9)	2 (2.5)	11 (14.3)	0	0.15 (0.07, 0.30)	< .0001
Vomiting	16 (20.3)	0	4 (5.2)	0	0.20 (0.07, 0.60)	0.0038
Constipation	10 (12.7)	0	9 (11.7)	0	0.99 (0.39, 2.51)	0.4979
Abdominal Pain	12 (15.2)	0	4 (5.2)	0	0.18 (0.06, 0.59)	0.0040
Dry Mouth	8 (10.1)	0	3 (3.9)	0	0.33 (0.08, 1.30)	0.1303
Gastrooesophageal Reflux Disease	6 (7.6)	0	3 (3.9)	0	0.30 (0.07, 1.26)	0.1341
Stomatitis	1 (1.3)	0	6 (7.8)	0	4.91 (0.56, 42.99)	0.1756
Abdominal Pain Upper	5 (6.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
General Disorders and Administration Site Conditions	53 (67.1)	7 (8.9)	49 (63.6)	4 (5.2)	0.72 (0.48, 1.07)	0.1094
Fatigue	27 (34.2)	4 (5.1)	20 (26.0)	1 (1.3)	0.67 (0.37, 1.21)	0.1557
Oedema Peripheral	14 (17.7)	0	12 (15.6)	0	0.70 (0.31, 1.54)	0.6624
Pyrexia	6 (7.6)	0	13 (16.9)	1 (1.3)	1.74 (0.64, 4.76)	0.2640
Asthenia	15 (19.0)	2 (2.5)	2 (2.6)	0	0.09 (0.02, 0.38)	0.0003
Chills	2 (2.5)	0	10 (13.0)	0	5.09 (1.11, 23.44)	0.0245
Influenza Like Illness	1 (1.3)	0	4 (5.2)	0	2.50 (0.27, 23.09)	0.1261
Pain	0	0	5 (6.5)	0	Not Estimated Appropriately due to Short Number of Events	-
Infections and Infestations	45 (57.0)	9 (11.4)	50 (64.9)	11 (14.3)	0.80 (0.53, 1.21)	0.1914
Urinary Tract Infection	11 (13.9)	0	9 (11.7)	0	0.58 (0.23, 1.44)	0.1904
Skin Infection	6 (7.6)	2 (2.5)	7 (9.1)	0	0.75 (0.24, 2.31)	0.5904
Upper Respiratory Tract Infection	6 (7.6)	1 (1.3)	6 (7.8)	0	0.62 (0.20, 1.97)	0.5538
Nasopharyngitis	3 (3.8)	0	5 (6.5)	0	0.93 (0.21, 4.13)	0.8027
Bronchitis	2 (2.5)	0	4 (5.2)	1 (1.3)	0.55 (0.08, 3.62)	0.5368
Cellulitis	4 (5.1)	2 (2.5)	2 (2.6)	1 (1.3)	0.34 (0.06, 1.94)	0.1296
Cystitis	4 (5.1)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Skin and Subcutaneous Tissue Disorders	38 (48.1)	2 (2.5)	38 (49.4)	3 (3.9)	0.72 (0.44, 1.16)	0.1709
Alopecia	20 (25.3)	0	3 (3.9)	0	0.07 (0.02, 0.25)	< .0001
Drug Eruption	0	0	17 (22.1)	3 (3.9)	Not Estimated Appropriately due to Short Number of Events	-

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Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Gender : Female

	Vorinostat N=79		Mogamulizumab N=77		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Pain Of Skin	4 (5.1)	1 (1.3)	4 (5.2)	1 (1.3)	0.94 (0.23, 3.86)	0.9622
Nervous System Disorders	38 (48.1)	1 (1.3)	31 (40.3)	1 (1.3)	0.54 (0.33, 0.88)	0.0157
Dysgeusia	21 (26.6)	0	2 (2.6)	0	0.08 (0.02, 0.36)	< .0001
Headache	12 (15.2)	1 (1.3)	11 (14.3)	0	0.66 (0.28, 1.54)	0.3788
Dizziness	7 (8.9)	0	5 (6.5)	0	0.57 (0.18, 1.84)	0.2916
Paraesthesia	5 (6.3)	0	3 (3.9)	0	0.29 (0.06, 1.32)	0.1099
Hypoaesthesia	4 (5.1)	0	2 (2.6)	0	0.25 (0.04, 1.44)	0.2746
Neuropathy Peripheral	2 (2.5)	0	4 (5.2)	0	1.27 (0.22, 7.41)	0.7400
Investigations	39 (49.4)	1 (1.3)	28 (36.4)	3 (3.9)	0.46 (0.27, 0.77)	0.0085
Weight Decreased	19 (24.1)	0	5 (6.5)	1 (1.3)	0.17 (0.06, 0.47)	0.0003
Blood Creatinine Increased	18 (22.8)	0	3 (3.9)	0	0.13 (0.04, 0.45)	0.0005
Platelet Count Decreased	6 (7.6)	0	3 (3.9)	0	0.46 (0.11, 1.88)	0.1828
Blood Alkaline Phosphatase Increased	4 (5.1)	0	4 (5.2)	0	0.60 (0.14, 2.48)	0.6050
Alanine Aminotransferase Increased	3 (3.8)	0	4 (5.2)	0	1.08 (0.22, 5.20)	0.5693
Blood Urea Increased	4 (5.1)	0	2 (2.6)	0	0.36 (0.06, 2.17)	0.2945
Weight Increased	1 (1.3)	0	5 (6.5)	1 (1.3)	2.95 (0.33, 26.19)	0.3149
Blood Glucose Increased	4 (5.1)	0	1 (1.3)	0	0.26 (0.03, 2.36)	0.2382
Blood Uric Acid Increased	1 (1.3)	0	4 (5.2)	0	4.61 (0.51, 41.26)	0.1467
Haemoglobin Decreased	4 (5.1)	0	1 (1.3)	0	0.26 (0.03, 2.30)	0.1897
Glomerular Filtration Rate Decreased	4 (5.1)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Blood and Lymphatic System Disorders	35 (44.3)	10 (12.7)	25 (32.5)	1 (1.3)	0.53 (0.31, 0.91)	0.0201
Thrombocytopenia	25 (31.6)	7 (8.9)	10 (13.0)	0	0.31 (0.14, 0.65)	0.0023
Anaemia	10 (12.7)	1 (1.3)	12 (15.6)	1 (1.3)	0.79 (0.33, 1.89)	0.6003
Neutropenia	5 (6.3)	1 (1.3)	3 (3.9)	0	0.44 (0.10, 1.90)	0.3318
Metabolism and Nutrition Disorders	34 (43.0)	6 (7.6)	25 (32.5)	3 (3.9)	0.57 (0.34, 0.96)	0.0443
Decreased Appetite	18 (22.8)	0	5 (6.5)	0	0.24 (0.09, 0.66)	0.0019
Hypokalaemia	7 (8.9)	1 (1.3)	6 (7.8)	0	0.54 (0.17, 1.74)	0.3454
Hyperglycaemia	6 (7.6)	1 (1.3)	5 (6.5)	1 (1.3)	0.52 (0.14, 1.88)	0.3810
Dehydration	8 (10.1)	2 (2.5)	2 (2.6)	0	0.20 (0.04, 0.94)	0.0632
Hyperkalaemia	2 (2.5)	0	4 (5.2)	1 (1.3)	1.41 (0.25, 7.94)	0.9986
Hypophosphataemia	4 (5.1)	2 (2.5)	1 (1.3)	0	0.15 (0.02, 1.48)	0.0527
Musculoskeletal and Connective Tissue Disorders	27 (34.2)	2 (2.5)	30 (39.0)	3 (3.9)	0.67 (0.38, 1.16)	0.2166

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Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Gender : Female

	Vorinostat N=79		Mogamulizumab N=77		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Muscle Spasms	13 (16.5)	2 (2.5)	3 (3.9)	0	0.19 (0.05, 0.69)	0.0070
Arthralgia	6 (7.6)	0	6 (7.8)	1 (1.3)	0.53 (0.16, 1.79)	0.2659
Back Pain	2 (2.5)	0	8 (10.4)	1 (1.3)	2.82 (0.57, 14.09)	0.1855
Myalgia	5 (6.3)	0	4 (5.2)	0	0.33 (0.08, 1.40)	0.1358
Pain In Extremity	4 (5.1)	0	5 (6.5)	0	0.71 (0.18, 2.76)	0.6356
Muscular Weakness	5 (6.3)	0	3 (3.9)	0	0.51 (0.12, 2.25)	0.3317
Injury, Poisoning and Procedural Complications	14 (17.7)	1 (1.3)	38 (49.4)	3 (3.9)	3.95 (2.12, 7.37)	< .0001
Infusion Related Reaction	0	0	32 (41.6)	1 (1.3)	Not Estimated Appropriately due to Short Number of Events	-
Fall	2 (2.5)	0	7 (9.1)	0	3.08 (0.63, 15.12)	0.1907
Contusion	4 (5.1)	0	2 (2.6)	0	0.37 (0.06, 2.17)	0.4275
Respiratory, Thoracic and Mediastinal Disorders	18 (22.8)	5 (6.3)	23 (29.9)	1 (1.3)	0.90 (0.48, 1.69)	0.7426
Cough	5 (6.3)	0	6 (7.8)	0	0.50 (0.13, 1.87)	0.3648
Dyspnoea	2 (2.5)	0	7 (9.1)	0	2.64 (0.53, 13.12)	0.2661
Oropharyngeal Pain	3 (3.8)	0	4 (5.2)	0	1.48 (0.27, 8.24)	0.7791
Rhinorrhoea	5 (6.3)	0	1 (1.3)	0	0.17 (0.02, 1.51)	0.0985
Pulmonary Embolism	5 (6.3)	5 (6.3)	0	0	Not Estimated Appropriately due to Short Number of Events	-
Psychiatric Disorders	14 (17.7)	2 (2.5)	17 (22.1)	1 (1.3)	0.77 (0.37, 1.61)	0.9657
Insomnia	9 (11.4)	0	11 (14.3)	0	0.63 (0.24, 1.62)	0.5922
Depression	1 (1.3)	0	5 (6.5)	1 (1.3)	3.09 (0.31, 30.36)	0.2190
Anxiety	1 (1.3)	0	4 (5.2)	0	2.27 (0.24, 21.11)	0.1188
Eye Disorders	16 (20.3)	0	13 (16.9)	0	0.50 (0.22, 1.10)	0.0952
Dry Eye	4 (5.1)	0	4 (5.2)	0	0.71 (0.17, 3.02)	0.9207
Vision Blurred	8 (10.1)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Renal and Urinary Disorders	15 (19.0)	1 (1.3)	10 (13.0)	1 (1.3)	0.39 (0.17, 0.92)	0.0630
Renal Failure	4 (5.1)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Vascular Disorders	13 (16.5)	4 (5.1)	11 (14.3)	4 (5.2)	0.61 (0.27, 1.40)	0.8047
Hypertension	8 (10.1)	4 (5.1)	7 (9.1)	3 (3.9)	0.74 (0.26, 2.13)	0.9054
Neoplasms Benign, Malignant and Unspecified (Incl Cysts and Polyps)	4 (5.1)	0	10 (13.0)	3 (3.9)	1.00 (0.29, 3.48)	0.9508

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Gender : Female

	Vorinostat N=79		Mogamulizumab N=77		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Cardiac Disorders	5 (6.3)	0	5 (6.5)	1 (1.3)	0.70 (0.20, 2.53)	0.8390
Palpitations	4 (5.1)	0	2 (2.6)	0	0.37 (0.06, 2.16)	0.4310
Immune System Disorders	1 (1.3)	0	7 (9.1)	2 (2.6)	4.71 (0.56, 39.92)	0.1480
Ear and Labyrinth Disorders	4 (5.1)	0	3 (3.9)	0	0.35 (0.07, 1.72)	0.2131
Reproductive System and Breast Disorders	5 (6.3)	1 (1.3)	2 (2.6)	0	0.23 (0.04, 1.25)	0.1749

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.
Datacut:31Dec2016

Table 5.1.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS	Interaction test p-value		0.7518
THROMBOCYTOPENIA	Interaction test p-value		0.8250

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS	Interaction test p-value		0.8540
ABDOMINAL PAIN	Interaction test p-value		0.0113
ABDOMINAL PAIN UPPER	Interaction test p-value		0.9940
CONSTIPATION	Interaction test p-value		0.7193

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
DIARRHOEA	Interaction test p-value		0.4712
DRY MOUTH	Interaction test p-value		0.9175
DYSPEPSIA	Interaction test p-value		0.9942
NAUSEA	Interaction test p-value		0.0265
VOMITING	Interaction test p-value		0.9802
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS	Interaction test p-value		0.7540
ASTHENIA	Interaction test p-value		0.9910

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
FATIGUE	Interaction test p-value		0.7610
PYREXIA	Interaction test p-value		0.2791
INFECTIONS AND INFESTATIONS			
CELLULITIS	Interaction test p-value		0.7205

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NASOPHARYNGITIS	Interaction test p-value		0.6562
INJURY, POISONING AND PROCEDURAL COMPLICATIONS	Interaction test p-value		0.7041

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFUSION RELATED REACTION	Interaction test p-value		0.9821
INVESTIGATIONS	Interaction test p-value		0.9183
BLOOD CREATININE INCREASED	Interaction test p-value		0.9865
PLATELET COUNT DECREASED	Interaction test p-value		0.3629
WEIGHT DECREASED	Interaction test p-value		0.3604

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
WEIGHT INCREASED	Interaction test p-value		0.7937
METABOLISM AND NUTRITION DISORDERS	Interaction test p-value		0.5419
DECREASED APPETITE	Interaction test p-value		0.4000
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS			

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
MUSCLE SPASMS	Interaction test p-value		0.1566
NERVOUS SYSTEM DISORDERS	Interaction test p-value		0.2598
DIZZINESS	Interaction test p-value		0.6717

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
DYSGEUSIA	Interaction test p-value		0.2609
HEADACHE	Interaction test p-value		0.9484
PARAESTHESIA	Interaction test p-value		0.8217
RENAL AND URINARY DISORDERS	Interaction test p-value		0.2346

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
ALOPECIA	Interaction test p-value		0.4497
DRUG ERUPTION	Interaction test p-value		0.9849
VASCULAR DISORDERS	Interaction test p-value		0.2854

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Age : < 65

	Vorinostat N=89		Mogamulizumab N=99		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Subjects with any TEAE	89 (100)	35 (39.3)	95 (96.0)	40 (40.4)	0.81 (0.60, 1.09)	0.0656
Gastrointestinal Disorders	71 (79.8)	5 (5.6)	48 (48.5)	3 (3.0)	0.26 (0.17, 0.39)	< .0001
Diarrhoea	57 (64.0)	2 (2.2)	27 (27.3)	1 (1.0)	0.19 (0.12, 0.31)	< .0001
Nausea	44 (49.4)	1 (1.1)	12 (12.1)	1 (1.0)	0.13 (0.06, 0.27)	< .0001
Constipation	15 (16.9)	1 (1.1)	10 (10.1)	1 (1.0)	0.44 (0.19, 1.01)	0.0368
Abdominal Pain	18 (20.2)	0	3 (3.0)	0	0.10 (0.03, 0.35)	< .0001
Vomiting	11 (12.4)	0	6 (6.1)	0	0.39 (0.14, 1.09)	0.1947
Dry Mouth	7 (7.9)	0	2 (2.0)	0	0.21 (0.04, 1.05)	0.0365
Abdominal Pain Upper	5 (5.6)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Infections and Infestations	46 (51.7)	8 (9.0)	68 (68.7)	18 (18.2)	1.10 (0.75, 1.61)	0.6910
Skin Infection	8 (9.0)	2 (2.2)	14 (14.1)	0	1.17 (0.48, 2.85)	0.8601
Nasopharyngitis	10 (11.2)	0	8 (8.1)	0	0.34 (0.13, 0.92)	0.0270
Upper Respiratory Tract Infection	7 (7.9)	2 (2.2)	10 (10.1)	0	0.73 (0.27, 1.99)	0.7974
Folliculitis	2 (2.2)	0	12 (12.1)	0	3.29 (0.72, 15.00)	0.1408
Urinary Tract Infection	6 (6.7)	0	8 (8.1)	0	0.94 (0.32, 2.77)	0.9439
Cellulitis	5 (5.6)	1 (1.1)	4 (4.0)	2 (2.0)	0.35 (0.08, 1.41)	0.3639
Oral Candidiasis	1 (1.1)	0	7 (7.1)	0	3.44 (0.40, 29.30)	0.3310
General Disorders and Administration Site Conditions	56 (62.9)	6 (6.7)	56 (56.6)	5 (5.1)	0.64 (0.43, 0.94)	0.0165
Fatigue	28 (31.5)	4 (4.5)	19 (19.2)	2 (2.0)	0.50 (0.28, 0.90)	0.0160
Pyrexia	5 (5.6)	0	21 (21.2)	0	3.27 (1.21, 8.83)	0.0117
Oedema Peripheral	8 (9.0)	1 (1.1)	13 (13.1)	0	1.14 (0.46, 2.79)	0.6391
Asthenia	13 (14.6)	1 (1.1)	6 (6.1)	0	0.30 (0.11, 0.79)	0.0143
Chills	5 (5.6)	0	6 (6.1)	0	1.03 (0.31, 3.39)	0.8956
Malaise	5 (5.6)	0	2 (2.0)	0	0.23 (0.04, 1.26)	0.0642
Pain	1 (1.1)	0	5 (5.1)	1 (1.0)	2.66 (0.29, 24.38)	0.4228
Skin and Subcutaneous Tissue Disorders	43 (48.3)	7 (7.9)	50 (50.5)	6 (6.1)	0.76 (0.50, 1.14)	0.2622
Alopecia	17 (19.1)	0	8 (8.1)	0	0.22 (0.09, 0.53)	0.0003
Drug Eruption	1 (1.1)	0	18 (18.2)	5 (5.1)	11.10 (1.47, 83.96)	0.0057
Pain Of Skin	5 (5.6)	1 (1.1)	3 (3.0)	1 (1.0)	0.41 (0.10, 1.74)	0.3208
Rash	6 (6.7)	1 (1.1)	2 (2.0)	0	0.24 (0.05, 1.21)	0.0820
Intertrigo	1 (1.1)	0	5 (5.1)	0	2.39 (0.27, 21.43)	0.5187

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Age : < 65

	Vorinostat N=89		Mogamulizumab N=99		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Dry Skin	0	0	5 (5.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Nervous System Disorders	54 (60.7)	4 (4.5)	35 (35.4)	1 (1.0)	0.30 (0.19, 0.48)	< .0001
Headache	21 (23.6)	1 (1.1)	18 (18.2)	0	0.56 (0.30, 1.08)	0.0908
Dysgeusia	26 (29.2)	0	2 (2.0)	0	0.04 (0.01, 0.19)	< .0001
Dizziness	10 (11.2)	0	6 (6.1)	0	0.41 (0.15, 1.16)	0.1460
Paraesthesia	9 (10.1)	0	3 (3.0)	0	0.20 (0.05, 0.76)	0.0133
Investigations	42 (47.2)	4 (4.5)	31 (31.3)	2 (2.0)	0.41 (0.25, 0.66)	< .0001
Blood Creatinine Increased	22 (24.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Weight Decreased	15 (16.9)	0	4 (4.0)	0	0.14 (0.04, 0.43)	0.0001
Alanine Aminotransferase Increased	6 (6.7)	0	5 (5.1)	0	0.49 (0.14, 1.70)	0.2655
Aspartate Aminotransferase Increased	7 (7.9)	0	4 (4.0)	1 (1.0)	0.29 (0.08, 1.06)	0.0438
Weight Increased	1 (1.1)	0	9 (9.1)	1 (1.0)	5.21 (0.64, 42.14)	0.1246
Platelet Count Decreased	8 (9.0)	0	1 (1.0)	0	0.11 (0.01, 0.88)	0.0026
Musculoskeletal and Connective Tissue Disorders	32 (36.0)	3 (3.4)	34 (34.3)	4 (4.0)	0.65 (0.39, 1.07)	0.1045
Muscle Spasms	16 (18.0)	2 (2.2)	3 (3.0)	0	0.12 (0.03, 0.43)	0.0002
Arthralgia	6 (6.7)	0	9 (9.1)	1 (1.0)	0.98 (0.34, 2.83)	0.9138
Back Pain	5 (5.6)	0	9 (9.1)	1 (1.0)	1.38 (0.45, 4.17)	0.5674
Myalgia	6 (6.7)	1 (1.1)	6 (6.1)	0	0.67 (0.21, 2.12)	0.5780
Pain In Extremity	5 (5.6)	0	5 (5.1)	0	0.61 (0.17, 2.18)	0.5566
Muscular Weakness	4 (4.5)	0	5 (5.1)	1 (1.0)	0.87 (0.23, 3.33)	0.9469
Musculoskeletal Pain	3 (3.4)	0	6 (6.1)	0	1.11 (0.27, 4.59)	0.8029
Metabolism and Nutrition Disorders	33 (37.1)	6 (6.7)	32 (32.3)	9 (9.1)	0.66 (0.40, 1.08)	0.0808
Decreased Appetite	17 (19.1)	1 (1.1)	8 (8.1)	1 (1.0)	0.30 (0.13, 0.70)	0.0031
Hyperglycaemia	6 (6.7)	1 (1.1)	9 (9.1)	1 (1.0)	0.94 (0.32, 2.75)	0.8207
Hypokalaemia	8 (9.0)	1 (1.1)	1 (1.0)	0	0.10 (0.01, 0.79)	0.0170
Hypomagnesaemia	2 (2.2)	0	6 (6.1)	0	2.40 (0.48, 12.01)	0.3516
Hypophosphataemia	3 (3.4)	1 (1.1)	5 (5.1)	3 (3.0)	1.53 (0.36, 6.47)	0.5539
Injury, Poisoning and Procedural Complications	12 (13.5)	0	43 (43.4)	2 (2.0)	3.37 (1.76, 6.44)	< .0001
Infusion Related Reaction	1 (1.1)	0	30 (30.3)	1 (1.0)	32.60 (4.44, 239.39)	< .0001
Excoriation	1 (1.1)	0	5 (5.1)	0	2.87 (0.32, 25.89)	0.3063

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Age : < 65

	Vorinostat N=89		Mogamulizumab N=99		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Blood and Lymphatic System Disorders	31 (34.8)	6 (6.7)	23 (23.2)	1 (1.0)	0.42 (0.24, 0.75)	0.0051
Thrombocytopenia	20 (22.5)	4 (4.5)	8 (8.1)	0	0.25 (0.11, 0.59)	0.0043
Anaemia	10 (11.2)	1 (1.1)	10 (10.1)	0	0.53 (0.21, 1.32)	0.2649
Neutropenia	7 (7.9)	1 (1.1)	4 (4.0)	1 (1.0)	0.40 (0.11, 1.39)	0.1693
Respiratory, Thoracic and Mediastinal Disorders	22 (24.7)	4 (4.5)	29 (29.3)	3 (3.0)	0.88 (0.50, 1.56)	0.9755
Cough	9 (10.1)	0	11 (11.1)	0	0.74 (0.29, 1.85)	0.9521
Oropharyngeal Pain	3 (3.4)	0	9 (9.1)	1 (1.0)	2.04 (0.54, 7.65)	0.3392
Eye Disorders	16 (18.0)	0	19 (19.2)	1 (1.0)	0.76 (0.38, 1.52)	0.4774
Vascular Disorders	21 (23.6)	5 (5.6)	14 (14.1)	6 (6.1)	0.47 (0.24, 0.94)	0.0511
Hypertension	13 (14.6)	4 (4.5)	7 (7.1)	4 (4.0)	0.36 (0.14, 0.94)	0.0458
Vision Blurred	8 (9.0)	0	4 (4.0)	0	0.32 (0.09, 1.10)	0.0902
Psychiatric Disorders	15 (16.9)	0	18 (18.2)	1 (1.0)	0.69 (0.34, 1.41)	0.3996
Insomnia	7 (7.9)	0	9 (9.1)	0	0.79 (0.29, 2.18)	0.7923
Depression	3 (3.4)	0	6 (6.1)	1 (1.0)	0.90 (0.21, 3.86)	0.8462
Anxiety	2 (2.2)	0	5 (5.1)	0	1.48 (0.27, 8.09)	0.7339
Renal and Urinary Disorders	10 (11.2)	1 (1.1)	9 (9.1)	3 (3.0)	0.53 (0.21, 1.34)	0.2493
Neoplasms Benign, Malignant and Unspecified (Incl Cysts and Polyps)	6 (6.7)	1 (1.1)	8 (8.1)	1 (1.0)	0.40 (0.12, 1.31)	0.0644
Cardiac Disorders	7 (7.9)	0	4 (4.0)	1 (1.0)	0.35 (0.10, 1.26)	0.1263
Ear and Labyrinth Disorders	3 (3.4)	0	5 (5.1)	0	1.27 (0.30, 5.41)	0.5967
Reproductive System and Breast Disorders	5 (5.6)	1 (1.1)	2 (2.0)	0	0.23 (0.04, 1.25)	0.0569

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Age : >=65

	Vorinostat N=97		Mogamulizumab N=85		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Subjects with any TEAE	96 (99.0)	50 (51.5)	84 (98.8)	38 (44.7)	0.78 (0.57, 1.06)	0.0214
Gastrointestinal Disorders	81 (83.5)	12 (12.4)	45 (52.9)	1 (1.2)	0.22 (0.15, 0.34)	< .0001
Diarrhoea	58 (59.8)	7 (7.2)	16 (18.8)	0	0.13 (0.07, 0.25)	< .0001
Nausea	35 (36.1)	2 (2.1)	16 (18.8)	0	0.35 (0.19, 0.65)	0.0024
Constipation	19 (19.6)	1 (1.0)	11 (12.9)	0	0.53 (0.25, 1.15)	0.0531
Vomiting	13 (13.4)	1 (1.0)	5 (5.9)	0	0.35 (0.12, 1.01)	0.0329
Dry Mouth	10 (10.3)	0	2 (2.4)	0	0.14 (0.03, 0.71)	0.0137
Dyspepsia	7 (7.2)	0	1 (1.2)	0	0.17 (0.02, 1.42)	0.0850
Dysphagia	7 (7.2)	0	1 (1.2)	0	0.13 (0.02, 1.07)	0.0427
Stomatitis	2 (2.1)	0	6 (7.1)	0	2.18 (0.42, 11.23)	0.2500
Abdominal Pain Upper	6 (6.2)	1 (1.0)	1 (1.2)	0	0.13 (0.02, 1.16)	0.0625
Gastrooesophageal Reflux Disease	5 (5.2)	0	2 (2.4)	0	0.32 (0.06, 1.71)	0.1601
General Disorders and Administration Site Conditions	70 (72.2)	11 (11.3)	50 (58.8)	3 (3.5)	0.64 (0.43, 0.93)	0.0120
Fatigue	42 (43.3)	7 (7.2)	24 (28.2)	1 (1.2)	0.57 (0.34, 0.95)	0.0222
Oedema Peripheral	19 (19.6)	0	14 (16.5)	0	0.60 (0.29, 1.24)	0.1107
Asthenia	14 (14.4)	3 (3.1)	4 (4.7)	0	0.23 (0.07, 0.75)	0.0112
Chills	9 (9.3)	0	7 (8.2)	0	0.60 (0.21, 1.70)	0.3387
Pyrexia	6 (6.2)	0	10 (11.8)	1 (1.2)	1.35 (0.46, 3.99)	0.9073
Infections and Infestations	47 (48.5)	11 (11.3)	50 (58.8)	14 (16.5)	0.87 (0.57, 1.31)	0.6141
Urinary Tract Infection	9 (9.3)	0	4 (4.7)	0	0.34 (0.10, 1.16)	0.0459
Upper Respiratory Tract Infection	2 (2.1)	0	9 (10.6)	0	3.07 (0.64, 14.64)	0.1223
Nasopharyngitis	5 (5.2)	0	4 (4.7)	0	0.51 (0.12, 2.06)	0.3465
Skin Infection	5 (5.2)	1 (1.0)	3 (3.5)	0	0.54 (0.12, 2.42)	0.4647
Cellulitis	5 (5.2)	3 (3.1)	2 (2.4)	2 (2.4)	0.20 (0.02, 1.73)	0.1344
Sepsis	5 (5.2)	4 (4.1)	2 (2.4)	1 (1.2)	0.23 (0.04, 1.25)	0.0386
Staphylococcal Skin Infection	1 (1.0)	0	5 (5.9)	0	5.22 (0.59, 46.51)	0.0996
Investigations	53 (54.6)	7 (7.2)	34 (40.0)	6 (7.1)	0.44 (0.28, 0.71)	0.0005
Blood Creatinine Increased	30 (30.9)	0	6 (7.1)	0	0.16 (0.07, 0.40)	< .0001
Weight Decreased	18 (18.6)	2 (2.1)	7 (8.2)	1 (1.2)	0.28 (0.11, 0.69)	0.0075
Platelet Count Decreased	11 (11.3)	0	3 (3.5)	0	0.27 (0.07, 0.97)	0.0563
Aspartate Aminotransferase Increased	5 (5.2)	1 (1.0)	4 (4.7)	1 (1.2)	0.72 (0.19, 2.75)	0.5802
Alanine Aminotransferase Increased	3 (3.1)	1 (1.0)	5 (5.9)	0	1.65 (0.38, 7.16)	0.5603

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two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Age : >=65

	Vorinostat N=97		Mogamulizumab N=85		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Blood Bilirubin Increased	6 (6.2)	1 (1.0)	1 (1.2)	1 (1.2)	0.08 (0.01, 0.74)	0.0490
Blood Urea Increased	5 (5.2)	0	2 (2.4)	0	0.30 (0.04, 1.99)	0.2793
Weight Increased	1 (1.0)	0	5 (5.9)	0	4.15 (0.44, 38.68)	0.1276
Skin and Subcutaneous Tissue Disorders	35 (36.1)	2 (2.1)	47 (55.3)	4 (4.7)	1.00 (0.63, 1.58)	0.9864
Drug Eruption	0	0	26 (30.6)	3 (3.5)	Not Estimated Appropriately due to Short Number of Events	-
Alopecia	19 (19.6)	0	5 (5.9)	0	0.14 (0.05, 0.42)	0.0002
Nervous System Disorders	47 (48.5)	3 (3.1)	30 (35.3)	1 (1.2)	0.42 (0.25, 0.69)	0.0013
Dysgeusia	28 (28.9)	1 (1.0)	4 (4.7)	0	0.15 (0.05, 0.42)	< .0001
Dizziness	9 (9.3)	0	6 (7.1)	0	0.35 (0.11, 1.07)	0.0732
Headache	8 (8.2)	0	5 (5.9)	0	0.51 (0.16, 1.61)	0.2045
Tremor	6 (6.2)	0	3 (3.5)	0	0.53 (0.13, 2.23)	0.4047
Neuropathy Peripheral	3 (3.1)	1 (1.0)	5 (5.9)	0	1.63 (0.37, 7.11)	0.5154
Paraesthesia	5 (5.2)	0	2 (2.4)	0	0.35 (0.06, 2.00)	0.4321
Metabolism and Nutrition Disorders	44 (45.4)	9 (9.3)	27 (31.8)	4 (4.7)	0.54 (0.33, 0.88)	0.0139
Decreased Appetite	29 (29.9)	1 (1.0)	6 (7.1)	1 (1.2)	0.18 (0.07, 0.44)	< .0001
Hyperglycaemia	8 (8.2)	1 (1.0)	6 (7.1)	1 (1.2)	0.67 (0.22, 2.00)	0.3813
Hypokalaemia	4 (4.1)	1 (1.0)	9 (10.6)	0	1.98 (0.59, 6.62)	0.4730
Dehydration	7 (7.2)	1 (1.0)	2 (2.4)	0	0.24 (0.05, 1.19)	0.1473
Hyperkalaemia	5 (5.2)	0	3 (3.5)	1 (1.2)	0.63 (0.14, 2.74)	0.6586
Blood and Lymphatic System Disorders	45 (46.4)	12 (12.4)	24 (28.2)	2 (2.4)	0.43 (0.25, 0.71)	0.0005
Thrombocytopenia	37 (38.1)	9 (9.3)	13 (15.3)	0	0.29 (0.15, 0.56)	0.0001
Anaemia	9 (9.3)	1 (1.0)	9 (10.6)	2 (2.4)	0.96 (0.37, 2.49)	0.9431
Musculoskeletal and Connective Tissue Disorders	27 (27.8)	3 (3.1)	33 (38.8)	1 (1.2)	0.94 (0.55, 1.61)	0.3764
Muscle Spasms	13 (13.4)	0	6 (7.1)	0	0.33 (0.12, 0.91)	0.0314
Back Pain	4 (4.1)	1 (1.0)	9 (10.6)	0	1.66 (0.48, 5.70)	0.4859
Pain In Extremity	4 (4.1)	1 (1.0)	7 (8.2)	0	1.45 (0.41, 5.19)	0.7844
Arthralgia	5 (5.2)	0	4 (4.7)	0	0.64 (0.16, 2.52)	0.3581
Muscular Weakness	5 (5.2)	0	3 (3.5)	0	0.40 (0.09, 1.82)	0.1534
Myalgia	2 (2.1)	1 (1.0)	5 (5.9)	0	2.04 (0.36, 11.63)	0.5412
Injury, Poisoning and Procedural Complications	16 (16.5)	2 (2.1)	38 (44.7)	5 (5.9)	3.46 (1.91, 6.28)	0.0003

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Age : >=65

	Vorinostat N=97		Mogamulizumab N=85		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Infusion Related Reaction	0	0	31 (36.5)	2 (2.4)	Not Estimated Appropriately due to Short Number of Events	-
Fall	3 (3.1)	0	8 (9.4)	0	2.43 (0.63, 9.36)	0.2387
Respiratory, Thoracic and Mediastinal Disorders	20 (20.6)	3 (3.1)	27 (31.8)	4 (4.7)	1.00 (0.54, 1.82)	0.9025
Cough	6 (6.2)	0	7 (8.2)	0	0.76 (0.24, 2.36)	0.3670
Dyspnoea	5 (5.2)	0	7 (8.2)	0	1.35 (0.42, 4.38)	0.6009
Renal and Urinary Disorders	29 (29.9)	1 (1.0)	14 (16.5)	0	0.28 (0.14, 0.56)	0.0002
Renal Failure Acute	6 (6.2)	0	4 (4.7)	0	0.72 (0.20, 2.57)	0.3232
Renal Failure	8 (8.2)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Vascular Disorders	17 (17.5)	8 (8.2)	15 (17.6)	6 (7.1)	0.67 (0.33, 1.38)	0.6382
Hypertension	12 (12.4)	8 (8.2)	10 (11.8)	4 (4.7)	0.72 (0.31, 1.72)	0.9713
Eye Disorders	16 (16.5)	0	15 (17.6)	2 (2.4)	0.63 (0.30, 1.32)	0.2424
Dry Eye	7 (7.2)	0	3 (3.5)	0	0.33 (0.08, 1.32)	0.2081
Psychiatric Disorders	13 (13.4)	2 (2.1)	14 (16.5)	1 (1.2)	0.84 (0.38, 1.85)	0.7023
Insomnia	7 (7.2)	0	7 (8.2)	0	0.79 (0.27, 2.36)	0.6706
Depression	3 (3.1)	0	5 (5.9)	1 (1.2)	1.17 (0.26, 5.31)	0.9819
Neoplasms Benign, Malignant and Unspecified (Incl Cysts and Polyps)	6 (6.2)	2 (2.1)	16 (18.8)	4 (4.7)	1.80 (0.69, 4.70)	0.2913
Squamous Cell Carcinoma	3 (3.1)	1 (1.0)	5 (5.9)	1 (1.2)	0.78 (0.18, 3.44)	0.5479
Cardiac Disorders	6 (6.2)	2 (2.1)	11 (12.9)	5 (5.9)	1.26 (0.43, 3.73)	0.8547
Ear and Labyrinth Disorders	5 (5.2)	0	7 (8.2)	0	0.62 (0.19, 2.09)	0.5805
Immune System Disorders	1 (1.0)	0	6 (7.1)	2 (2.4)	3.61 (0.40, 32.38)	0.2457
Endocrine Disorders	1 (1.0)	0	5 (5.9)	0	4.37 (0.47, 40.89)	0.2232

Hazard ratio is based on time to adverse event of interest SOC and PT.
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For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Table 5.1.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS	Interaction test p-value		0.6348
THROMBOCYTOPENIA	Interaction test p-value		0.5811

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS	Interaction test p-value		0.7251
ABDOMINAL PAIN	Interaction test p-value		0.4809
ABDOMINAL PAIN UPPER	Interaction test p-value		0.9939
CONSTIPATION	Interaction test p-value		0.9513

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
DIARRHOEA	Interaction test p-value		0.5601
DRY MOUTH	Interaction test p-value		0.2335
DYSPEPSIA	Interaction test p-value		0.9935
NAUSEA	Interaction test p-value		0.9277
VOMITING	Interaction test p-value		0.4304
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS	Interaction test p-value		0.7881
ASTHENIA	Interaction test p-value		0.7059

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
FATIGUE	Interaction test p-value		0.5266
PYREXIA	Interaction test p-value		0.2095
INFECTIONS AND INFESTATIONS			
CELLULITIS	Interaction test p-value		0.9910

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t-aept-5pct-distype.sas4MAR2020 6:37

Table 5.1.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NASOPHARYNGITIS	Interaction test p-value		0.9591
INJURY, POISONING AND PROCEDURAL COMPLICATIONS	Interaction test p-value		0.6036

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t-aept-5pct-distype.sas4MAR2020 6:37

Table 5.1.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFUSION RELATED REACTION	Interaction test p-value		0.9839
INVESTIGATIONS	Interaction test p-value		0.0509
BLOOD CREATININE INCREASED	Interaction test p-value		0.0918
PLATELET COUNT DECREASED	Interaction test p-value		0.1600
WEIGHT DECREASED	Interaction test p-value		0.2317

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t-aept-5pct-distype.sas4MAR2020 6:37

Table 5.1.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
WEIGHT INCREASED	Interaction test p-value		0.7903
METABOLISM AND NUTRITION DISORDERS	Interaction test p-value		0.5103
DECREASED APPETITE	Interaction test p-value		0.4369
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS			

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t-aept-5pct-distype.sas4MAR2020 6:37

Table 5.1.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
MUSCLE SPASMS	Interaction test p-value		0.7973
NERVOUS SYSTEM DISORDERS	Interaction test p-value		0.9974
DIZZINESS	Interaction test p-value		0.8034

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t-aept-5pct-distype.sas4MAR2020 6:37

Table 5.1.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
DYSGEUSIA	Interaction test p-value		0.9977
HEADACHE	Interaction test p-value		0.2941
PARAESTHESIA	Interaction test p-value		0.4867
RENAL AND URINARY DISORDERS	Interaction test p-value		0.9686

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t-aept-5pct-distype.sas4MAR2020 6:37

Table 5.1.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
ALOPECIA	Interaction test p-value		0.2954
DRUG ERUPTION	Interaction test p-value		0.9861
VASCULAR DISORDERS	Interaction test p-value		0.8723

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Disease Type : MF

	Vorinostat N=99		Mogamulizumab N=105		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Subjects with any TEAE	98 (99.0)	42 (42.4)	100 (95.2)	42 (40.0)	0.78 (0.58, 1.04)	0.0357
Gastrointestinal Disorders	82 (82.8)	8 (8.1)	48 (45.7)	2 (1.9)	0.24 (0.16, 0.35)	< .0001
Diarrhoea	68 (68.7)	4 (4.0)	23 (21.9)	1 (1.0)	0.16 (0.09, 0.26)	< .0001
Nausea	42 (42.4)	1 (1.0)	15 (14.3)	1 (1.0)	0.21 (0.11, 0.40)	< .0001
Constipation	18 (18.2)	0	11 (10.5)	0	0.50 (0.23, 1.06)	0.0496
Vomiting	14 (14.1)	0	8 (7.6)	0	0.49 (0.20, 1.17)	0.0968
Abdominal Pain	15 (15.2)	0	4 (3.8)	0	0.19 (0.06, 0.58)	0.0011
Dry Mouth	10 (10.1)	0	1 (1.0)	0	0.08 (0.01, 0.65)	0.0030
Abdominal Pain Upper	6 (6.1)	1 (1.0)	0	0	Not Estimated Appropriately due to Short Number of Events	-
Dyspepsia	6 (6.1)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
General Disorders and Administration Site Conditions	67 (67.7)	10 (10.1)	57 (54.3)	4 (3.8)	0.69 (0.48, 0.99)	0.0400
Fatigue	38 (38.4)	6 (6.1)	25 (23.8)	2 (1.9)	0.59 (0.35, 0.98)	0.0292
Asthenia	17 (17.2)	3 (3.0)	7 (6.7)	0	0.32 (0.13, 0.79)	0.0090
Oedema Peripheral	10 (10.1)	1 (1.0)	14 (13.3)	0	1.12 (0.49, 2.56)	0.6413
Pyrexia	4 (4.0)	0	17 (16.2)	0	3.86 (1.29, 11.53)	0.0084
Chills	5 (5.1)	0	5 (4.8)	0	0.91 (0.26, 3.17)	0.9052
Malaise	5 (5.1)	0	2 (1.9)	0	0.34 (0.07, 1.78)	0.1886
Infections and Infestations	51 (51.5)	8 (8.1)	65 (61.9)	13 (12.4)	1.13 (0.78, 1.63)	0.5407
Skin Infection	10 (10.1)	2 (2.0)	12 (11.4)	0	0.95 (0.41, 2.21)	0.8432
Nasopharyngitis	10 (10.1)	0	7 (6.7)	0	0.44 (0.16, 1.19)	0.1343
Upper Respiratory Tract Infection	6 (6.1)	0	10 (9.5)	0	0.97 (0.35, 2.74)	0.9498
Urinary Tract Infection	7 (7.1)	0	6 (5.7)	0	0.73 (0.24, 2.19)	0.5715
Folliculitis	2 (2.0)	0	9 (8.6)	0	3.05 (0.65, 14.20)	0.1605
Cellulitis	8 (8.1)	2 (2.0)	0	0	Not Estimated Appropriately due to Short Number of Events	-
Nervous System Disorders	56 (56.6)	3 (3.0)	35 (33.3)	1 (1.0)	0.38 (0.24, 0.58)	< .0001
Skin and Subcutaneous Tissue Disorders	45 (45.5)	5 (5.1)	46 (43.8)	6 (5.7)	0.73 (0.48, 1.12)	0.2192
Headache	23 (23.2)	1 (1.0)	15 (14.3)	0	0.51 (0.26, 0.98)	0.0337
Dysgeusia	26 (26.3)	0	3 (2.9)	0	0.09 (0.03, 0.31)	< .0001
Alopecia	19 (19.2)	0	8 (7.6)	0	0.22 (0.10, 0.53)	0.0005
Drug Eruption	1 (1.0)	0	20 (19.0)	5 (4.8)	15.61 (2.08, 117.11)	0.0003
Dizziness	11 (11.1)	0	7 (6.7)	0	0.47 (0.18, 1.24)	0.1765

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Disease Type : MF

	Vorinostat N=99		Mogamulizumab N=105		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Paraesthesia	9 (9.1)	0	4 (3.8)	0	0.31 (0.09, 1.02)	0.0618
Pain Of Skin	5 (5.1)	1 (1.0)	4 (3.8)	1 (1.0)	0.72 (0.19, 2.70)	0.8105
Rash	6 (6.1)	0	3 (2.9)	0	0.22 (0.04, 1.19)	0.0643
Hypoaesthesia	5 (5.1)	0	3 (2.9)	0	0.38 (0.09, 1.65)	0.2116
Tremor	5 (5.1)	0	1 (1.0)	0	0.18 (0.02, 1.59)	0.0830
Investigations	50 (50.5)	6 (6.1)	26 (24.8)	2 (1.9)	0.27 (0.16, 0.45)	< .0001
Blood Creatinine Increased	28 (28.3)	0	1 (1.0)	0	0.02 (0.00, 0.16)	< .0001
Weight Decreased	17 (17.2)	0	3 (2.9)	1 (1.0)	0.12 (0.03, 0.42)	0.0001
Platelet Count Decreased	11 (11.1)	0	1 (1.0)	0	0.05 (0.01, 0.40)	0.0003
Alanine Aminotransferase Increased	6 (6.1)	1 (1.0)	3 (2.9)	0	0.37 (0.09, 1.51)	0.2964
Aspartate Aminotransferase Increased	7 (7.1)	1 (1.0)	1 (1.0)	0	0.09 (0.01, 0.79)	0.0205
Blood Bilirubin Increased	6 (6.1)	1 (1.0)	0	0	Not Estimated Appropriately due to Short Number of Events	-
Metabolism and Nutrition Disorders	43 (43.4)	11 (11.1)	31 (29.5)	7 (6.7)	0.54 (0.34, 0.86)	0.0112
Decreased Appetite	24 (24.2)	0	6 (5.7)	1 (1.0)	0.20 (0.08, 0.49)	< .0001
Hyperglycaemia	8 (8.1)	2 (2.0)	10 (9.5)	1 (1.0)	0.94 (0.36, 2.42)	0.7668
Hypokalaemia	9 (9.1)	2 (2.0)	4 (3.8)	0	0.36 (0.11, 1.21)	0.0785
Hypophosphataemia	5 (5.1)	2 (2.0)	7 (6.7)	3 (2.9)	1.24 (0.39, 3.96)	0.6621
Hyperkalaemia	7 (7.1)	1 (1.0)	4 (3.8)	0	0.44 (0.13, 1.53)	0.1571
Dehydration	5 (5.1)	2 (2.0)	1 (1.0)	1 (1.0)	0.16 (0.02, 1.37)	0.1047
Musculoskeletal and Connective Tissue Disorders	33 (33.3)	3 (3.0)	39 (37.1)	2 (1.9)	0.85 (0.53, 1.36)	0.2862
Muscle Spasms	14 (14.1)	2 (2.0)	4 (3.8)	0	0.20 (0.06, 0.62)	0.0014
Back Pain	6 (6.1)	0	11 (10.5)	1 (1.0)	1.49 (0.54, 4.07)	0.5371
Arthralgia	6 (6.1)	0	8 (7.6)	0	0.99 (0.34, 2.93)	0.8664
Myalgia	6 (6.1)	0	7 (6.7)	0	1.05 (0.35, 3.16)	0.9680
Pain In Extremity	7 (7.1)	1 (1.0)	6 (5.7)	0	0.64 (0.21, 1.94)	0.5572
Muscular Weakness	6 (6.1)	0	4 (3.8)	0	0.56 (0.16, 2.03)	0.3115
Respiratory, Thoracic and Mediastinal Disorders	25 (25.3)	5 (5.1)	30 (28.6)	5 (4.8)	1.02 (0.60, 1.76)	0.9280
Cough	9 (9.1)	0	10 (9.5)	0	0.93 (0.36, 2.39)	0.8009
Oropharyngeal Pain	5 (5.1)	0	9 (8.6)	1 (1.0)	1.40 (0.46, 4.20)	0.5366
Dyspnoea	5 (5.1)	0	4 (3.8)	0	0.69 (0.18, 2.65)	0.5641

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
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2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Disease Type : MF

	Vorinostat N=99		Mogamulizumab N=105		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Pulmonary Embolism	5 (5.1)	5 (5.1)	0	0	Not Estimated Appropriately due to Short Number of Events	-
Rhinorrhoea	5 (5.1)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Blood and Lymphatic System Disorders	34 (34.3)	5 (5.1)	19 (18.1)	1 (1.0)	0.36 (0.20, 0.64)	0.0004
Injury, Poisoning and Procedural Complications	14 (14.1)	0	39 (37.1)	3 (2.9)	2.87 (1.55, 5.30)	0.0002
Thrombocytopenia	24 (24.2)	4 (4.0)	7 (6.7)	0	0.22 (0.09, 0.53)	0.0002
Infusion Related Reaction	1 (1.0)	0	29 (27.6)	1 (1.0)	31.39 (4.27, 230.80)	< .0001
Anaemia	13 (13.1)	0	6 (5.7)	0	0.35 (0.13, 0.94)	0.0402
Neutropenia	5 (5.1)	0	3 (2.9)	1 (1.0)	0.40 (0.09, 1.73)	0.2336
Vascular Disorders	21 (21.2)	6 (6.1)	16 (15.2)	10 (9.5)	0.59 (0.30, 1.14)	0.1214
Hypertension	11 (11.1)	5 (5.1)	9 (8.6)	6 (5.7)	0.68 (0.28, 1.66)	0.4092
Psychiatric Disorders	15 (15.2)	1 (1.0)	16 (15.2)	1 (1.0)	0.74 (0.36, 1.51)	0.4452
Insomnia	8 (8.1)	0	8 (7.6)	0	0.63 (0.23, 1.73)	0.4685
Renal and Urinary Disorders	19 (19.2)	1 (1.0)	11 (10.5)	1 (1.0)	0.35 (0.16, 0.76)	0.0070
Eye Disorders	15 (15.2)	0	14 (13.3)	1 (1.0)	0.62 (0.29, 1.31)	0.2552
Vision Blurred	6 (6.1)	0	4 (3.8)	0	0.43 (0.12, 1.57)	0.2373
Dry Eye	7 (7.1)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Cardiac Disorders	9 (9.1)	2 (2.0)	7 (6.7)	3 (2.9)	0.53 (0.19, 1.47)	0.2035
Neoplasms Benign, Malignant and Unspecified (Incl Cysts and Polyps)	5 (5.1)	2 (2.0)	10 (9.5)	3 (2.9)	1.34 (0.45, 3.97)	0.7457
Ear and Labyrinth Disorders	7 (7.1)	0	5 (4.8)	0	0.41 (0.12, 1.35)	0.2041
Reproductive System and Breast Disorders	5 (5.1)	1 (1.0)	3 (2.9)	0	0.42 (0.10, 1.82)	0.2296
Hepatobiliary Disorders	5 (5.1)	2 (2.0)	2 (1.9)	0	0.36 (0.07, 1.90)	0.2770

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Disease Type : SS

	Vorinostat N=87		Mogamulizumab N=79		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Subjects with any TEAE	87 (100)	43 (49.4)	79 (100)	36 (45.6)	0.81 (0.59, 1.13)	0.0872
Gastrointestinal Disorders	70 (80.5)	9 (10.3)	45 (57.0)	2 (2.5)	0.26 (0.17, 0.40)	< .0001
Diarrhoea	47 (54.0)	5 (5.7)	20 (25.3)	0	0.19 (0.11, 0.35)	< .0001
Nausea	37 (42.5)	2 (2.3)	13 (16.5)	0	0.24 (0.12, 0.46)	< .0001
Constipation	16 (18.4)	2 (2.3)	10 (12.7)	1 (1.3)	0.42 (0.18, 0.97)	0.0303
Vomiting	10 (11.5)	1 (1.1)	3 (3.8)	0	0.24 (0.07, 0.91)	0.0274
Dry Mouth	7 (8.0)	0	3 (3.8)	0	0.36 (0.08, 1.57)	0.1636
Abdominal Pain	6 (6.9)	0	3 (3.8)	0	0.34 (0.08, 1.41)	0.1176
Gastrooesophageal Reflux Disease	4 (4.6)	0	4 (5.1)	0	0.75 (0.18, 3.12)	0.7139
Stomatitis	0	0	7 (8.9)	0	Not Estimated Appropriately due to Short Number of Events	-
Abdominal Pain Upper	5 (5.7)	0	1 (1.3)	0	0.20 (0.02, 1.72)	0.1075
Dyspepsia	5 (5.7)	0	1 (1.3)	0	0.20 (0.02, 1.70)	0.0997
General Disorders and Administration Site Conditions	59 (67.8)	7 (8.0)	49 (62.0)	4 (5.1)	0.55 (0.37, 0.82)	0.0031
Fatigue	32 (36.8)	5 (5.7)	18 (22.8)	1 (1.3)	0.40 (0.22, 0.73)	0.0021
Oedema Peripheral	17 (19.5)	0	13 (16.5)	0	0.54 (0.25, 1.15)	0.1104
Pyrexia	7 (8.0)	0	14 (17.7)	1 (1.3)	1.32 (0.51, 3.43)	0.5895
Chills	9 (10.3)	0	8 (10.1)	0	0.73 (0.28, 1.93)	0.5264
Asthenia	10 (11.5)	1 (1.1)	3 (3.8)	0	0.25 (0.06, 1.00)	0.0379
Infections and Infestations	42 (48.3)	11 (12.6)	53 (67.1)	19 (24.1)	0.88 (0.57, 1.33)	0.5750
Urinary Tract Infection	8 (9.2)	0	6 (7.6)	0	0.41 (0.13, 1.30)	0.1359
Upper Respiratory Tract Infection	3 (3.4)	2 (2.3)	9 (11.4)	0	2.15 (0.57, 8.06)	0.2451
Nasopharyngitis	5 (5.7)	0	5 (6.3)	0	0.40 (0.11, 1.47)	0.1592
Cellulitis	2 (2.3)	2 (2.3)	6 (7.6)	4 (5.1)	1.60 (0.29, 8.63)	0.5990
Skin Infection	3 (3.4)	1 (1.1)	5 (6.3)	0	0.78 (0.17, 3.55)	0.7495
Folliculitis	2 (2.3)	1 (1.1)	4 (5.1)	0	0.75 (0.13, 4.41)	0.6880
Bronchitis	1 (1.1)	0	4 (5.1)	1 (1.3)	0.95 (0.09, 10.05)	0.9456
Oral Candidiasis	0	0	5 (6.3)	0	Not Estimated Appropriately due to Short Number of Events	-
Staphylococcal Skin Infection	1 (1.1)	0	4 (5.1)	0	2.45 (0.26, 23.07)	0.4432
Pneumonia	0	0	4 (5.1)	4 (5.1)	Not Estimated Appropriately due to Short Number of Events	-
Investigations	45 (51.7)	5 (5.7)	39 (49.4)	6 (7.6)	0.56 (0.36, 0.88)	0.0134
Skin and Subcutaneous Tissue Disorders	33 (37.9)	4 (4.6)	51 (64.6)	4 (5.1)	1.15 (0.73, 1.80)	0.5451

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Disease Type : SS

	Vorinostat N=87		Mogamulizumab N=79		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Blood Creatinine Increased	24 (27.6)	0	5 (6.3)	0	0.16 (0.06, 0.42)	< .0001
Weight Decreased	16 (18.4)	2 (2.3)	8 (10.1)	0	0.25 (0.10, 0.63)	0.0033
Drug Eruption	0	0	24 (30.4)	3 (3.8)	Not Estimated Appropriately due to Short Number of Events	-
Alopecia	17 (19.5)	0	5 (6.3)	0	0.12 (0.04, 0.39)	0.0001
Aspartate Aminotransferase Increased	5 (5.7)	0	7 (8.9)	2 (2.5)	1.00 (0.31, 3.20)	0.9787
Platelet Count Decreased	8 (9.2)	0	3 (3.8)	0	0.36 (0.09, 1.35)	0.1125
Alanine Aminotransferase Increased	3 (3.4)	0	7 (8.9)	0	1.77 (0.45, 6.97)	0.4199
Weight Increased	1 (1.1)	0	9 (11.4)	1 (1.3)	6.01 (0.74, 48.53)	0.0598
Actinic Keratosis	3 (3.4)	0	4 (5.1)	0	0.98 (0.22, 4.47)	0.9998
Hyperhidrosis	1 (1.1)	0	4 (5.1)	0	2.34 (0.24, 23.23)	0.4291
Intertrigo	1 (1.1)	0	4 (5.1)	0	1.25 (0.14, 11.40)	0.8257
Nervous System Disorders	45 (51.7)	4 (4.6)	30 (38.0)	1 (1.3)	0.33 (0.20, 0.54)	< .0001
Dysgeusia	28 (32.2)	1 (1.1)	3 (3.8)	0	0.08 (0.02, 0.27)	< .0001
Headache	6 (6.9)	0	8 (10.1)	0	0.94 (0.32, 2.77)	0.8943
Dizziness	8 (9.2)	0	5 (6.3)	0	0.30 (0.09, 1.04)	0.0589
Neuropathy Peripheral	2 (2.3)	1 (1.1)	4 (5.1)	0	1.42 (0.25, 7.92)	0.6932
Paraesthesia	5 (5.7)	0	1 (1.3)	0	0.11 (0.01, 1.00)	0.0301
Blood and Lymphatic System Disorders	42 (48.3)	13 (14.9)	28 (35.4)	2 (2.5)	0.48 (0.29, 0.79)	0.0026
Thrombocytopenia	33 (37.9)	9 (10.3)	14 (17.7)	0	0.31 (0.16, 0.60)	0.0003
Anaemia	6 (6.9)	2 (2.3)	13 (16.5)	2 (2.5)	1.58 (0.59, 4.27)	0.3677
Neutropenia	5 (5.7)	3 (3.4)	2 (2.5)	0	0.36 (0.07, 1.91)	0.2123
Metabolism and Nutrition Disorders	34 (39.1)	4 (4.6)	28 (35.4)	6 (7.6)	0.59 (0.35, 0.98)	0.0395
Decreased Appetite	22 (25.3)	2 (2.3)	8 (10.1)	1 (1.3)	0.24 (0.10, 0.54)	0.0003
Hyperglycaemia	6 (6.9)	0	5 (6.3)	1 (1.3)	0.56 (0.16, 1.97)	0.3585
Hyperuricaemia	3 (3.4)	1 (1.1)	6 (7.6)	0	1.12 (0.27, 4.73)	0.8764
Hypokalaemia	3 (3.4)	0	6 (7.6)	0	1.16 (0.28, 4.90)	0.8506
Hypomagnesaemia	3 (3.4)	0	4 (5.1)	0	1.25 (0.28, 5.60)	0.7690
Gout	0	0	4 (5.1)	1 (1.3)	Not Estimated Appropriately due to Short Number of Events	-
Injury, Poisoning and Procedural Complications	14 (16.1)	2 (2.3)	42 (53.2)	4 (5.1)	4.24 (2.29, 7.84)	< .0001
Infusion Related Reaction	0	0	32 (40.5)	2 (2.5)	Not Estimated Appropriately due to Short Number of Events	-
Fall	1 (1.1)	0	7 (8.9)	0	5.08 (0.60, 42.76)	0.0983

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
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For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.
Datacut:31Dec2016

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Disease Type : SS

	Vorinostat N=87		Mogamulizumab N=79		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Excoriation	2 (2.3)	0	4 (5.1)	0	1.07 (0.18, 6.37)	0.9377
Musculoskeletal and Connective Tissue Disorders	26 (29.9)	3 (3.4)	28 (35.4)	3 (3.8)	0.70 (0.40, 1.22)	0.2147
Muscle Spasms	15 (17.2)	0	5 (6.3)	0	0.25 (0.09, 0.71)	0.0088
Arthralgia	5 (5.7)	0	5 (6.3)	1 (1.3)	0.66 (0.18, 2.41)	0.4996
Back Pain	3 (3.4)	1 (1.1)	7 (8.9)	0	1.40 (0.34, 5.72)	0.6400
Pain In Extremity	2 (2.3)	0	6 (7.6)	0	1.88 (0.35, 9.94)	0.4450
Muscular Weakness	3 (3.4)	0	4 (5.1)	1 (1.3)	0.80 (0.17, 3.83)	0.7825
Myalgia	2 (2.3)	2 (2.3)	4 (5.1)	0	0.99 (0.16, 5.95)	0.9257
Respiratory, Thoracic and Mediastinal Disorders	17 (19.5)	2 (2.3)	26 (32.9)	2 (2.5)	0.94 (0.49, 1.78)	0.8834
Cough	6 (6.9)	0	8 (10.1)	0	0.63 (0.19, 2.04)	0.4969
Dyspnoea	2 (2.3)	0	5 (6.3)	0	2.21 (0.42, 11.71)	0.3390
Eye Disorders	17 (19.5)	0	20 (25.3)	2 (2.5)	0.89 (0.45, 1.76)	0.6536
Dry Eye	4 (4.6)	0	7 (8.9)	0	1.60 (0.41, 6.33)	0.4944
Vision Blurred	6 (6.9)	0	4 (5.1)	0	0.64 (0.18, 2.33)	0.5012
Renal and Urinary Disorders	20 (23.0)	1 (1.1)	12 (15.2)	2 (2.5)	0.35 (0.16, 0.76)	0.0071
Renal Failure Acute	4 (4.6)	0	4 (5.1)	0	0.73 (0.18, 3.03)	0.6073
Renal Failure	6 (6.9)	0	1 (1.3)	1 (1.3)	0.14 (0.02, 1.23)	0.0374
Haematuria	0	0	4 (5.1)	1 (1.3)	Not Estimated Appropriately due to Short Number of Events	-
Vascular Disorders	17 (19.5)	7 (8.0)	13 (16.5)	2 (2.5)	0.56 (0.27, 1.19)	0.1357
Hypertension	14 (16.1)	7 (8.0)	8 (10.1)	2 (2.5)	0.43 (0.18, 1.07)	0.0660
Psychiatric Disorders	13 (14.9)	1 (1.1)	16 (20.3)	1 (1.3)	0.81 (0.37, 1.77)	0.7018
Insomnia	6 (6.9)	0	8 (10.1)	0	1.06 (0.36, 3.19)	0.8478
Depression	4 (4.6)	0	6 (7.6)	1 (1.3)	0.70 (0.18, 2.72)	0.5600
Neoplasms Benign, Malignant and Unspecified (Incl Cysts and Polyps)	7 (8.0)	1 (1.1)	14 (17.7)	2 (2.5)	0.80 (0.30, 2.11)	0.6288
Squamous Cell Carcinoma	3 (3.4)	1 (1.1)	5 (6.3)	0	0.76 (0.17, 3.39)	0.6183
Basal Cell Carcinoma	0	0	4 (5.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Cardiac Disorders	4 (4.6)	0	8 (10.1)	3 (3.8)	1.21 (0.35, 4.22)	0.8130
Immune System Disorders	2 (2.3)	0	8 (10.1)	2 (2.5)	2.42 (0.48, 12.23)	0.2920
Ear and Labyrinth Disorders	1 (1.1)	0	7 (8.9)	0	3.69 (0.44, 31.07)	0.2069

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Disease Type : SS

	Vorinostat N=87		Mogamulizumab N=79		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Endocrine Disorders	1 (1.1)	0	6 (7.6)	0	4.26 (0.49, 37.18)	0.2172
Hypothyroidism	1 (1.1)	0	4 (5.1)	0	3.55 (0.38, 32.93)	0.2982

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.
Datacut:31Dec2016

Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS	Interaction test p-value		0.9087
THROMBOCYTOPENIA	Interaction test p-value		0.6575

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS	Interaction test p-value		0.6918
ABDOMINAL PAIN	Interaction test p-value		0.9455
ABDOMINAL PAIN UPPER	Interaction test p-value		0.9953
CONSTIPATION	Interaction test p-value		0.1161

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
DIARRHOEA	Interaction test p-value		0.8917
DRY MOUTH	Interaction test p-value		0.6676
DYSPEPSIA	Interaction test p-value		0.9949
NAUSEA	Interaction test p-value		0.3844
VOMITING	Interaction test p-value		0.7269
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS	Interaction test p-value		0.4365
ASTHENIA	Interaction test p-value		0.3586

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
FATIGUE	Interaction test p-value		0.4690
PYREXIA	Interaction test p-value		0.2605
INFECTIONS AND INFESTATIONS			
CELLULITIS	Interaction test p-value		0.9902

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NASOPHARYNGITIS	Interaction test p-value		0.8662
INJURY, POISONING AND PROCEDURAL COMPLICATIONS	Interaction test p-value		0.2100

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t-aept-5pct-stage.sas 04MAR2020 6:37

Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFUSION RELATED REACTION	Interaction test p-value		0.9812
INVESTIGATIONS	Interaction test p-value		0.8403
BLOOD CREATININE INCREASED	Interaction test p-value		0.5757
PLATELET COUNT DECREASED	Interaction test p-value		0.3147
WEIGHT DECREASED	Interaction test p-value		0.7099

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
WEIGHT INCREASED	Interaction test p-value		0.5213
METABOLISM AND NUTRITION DISORDERS	Interaction test p-value		0.0291
DECREASED APPETITE	Interaction test p-value		0.1400
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS			

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
MUSCLE SPASMS	Interaction test p-value		0.8334
NERVOUS SYSTEM DISORDERS	Interaction test p-value		0.6887
DIZZINESS	Interaction test p-value		0.7994

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
DYSGEUSIA	Interaction test p-value		0.5367
HEADACHE	Interaction test p-value		0.5552
PARAESTHESIA	Interaction test p-value		0.6072
RENAL AND URINARY DISORDERS	Interaction test p-value		0.7351

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t-aept-5pct-stage.sas 04MAR2020 6:37

Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
ALOPECIA	Interaction test p-value		0.1717
DRUG ERUPTION	Interaction test p-value		0.9890
VASCULAR DISORDERS	Interaction test p-value		0.8889

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Disease Stage : IB/II

	Vorinostat N=72		Mogamulizumab N=68		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Subjects with any TEAE	71 (98.6)	31 (43.1)	65 (95.6)	24 (35.3)	0.64 (0.45, 0.91)	0.0059
Gastrointestinal Disorders	61 (84.7)	8 (11.1)	32 (47.1)	2 (2.9)	0.24 (0.15, 0.38)	< .0001
Diarrhoea	50 (69.4)	4 (5.6)	17 (25.0)	1 (1.5)	0.18 (0.10, 0.33)	< .0001
Nausea	30 (41.7)	1 (1.4)	12 (17.6)	1 (1.5)	0.27 (0.14, 0.54)	< .0001
Constipation	12 (16.7)	0	11 (16.2)	0	0.81 (0.35, 1.86)	0.5048
Vomiting	12 (16.7)	0	6 (8.8)	0	0.44 (0.16, 1.20)	0.0986
Abdominal Pain	10 (13.9)	0	3 (4.4)	0	0.22 (0.06, 0.83)	0.0151
Dry Mouth	7 (9.7)	0	1 (1.5)	0	0.16 (0.02, 1.36)	0.0605
Dyspepsia	5 (6.9)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Abdominal Pain Upper	4 (5.6)	1 (1.4)	0	0	Not Estimated Appropriately due to Short Number of Events	-
General Disorders and Administration Site Conditions	50 (69.4)	8 (11.1)	40 (58.8)	4 (5.9)	0.76 (0.50, 1.16)	0.2130
Fatigue	30 (41.7)	4 (5.6)	19 (27.9)	2 (2.9)	0.61 (0.34, 1.09)	0.0992
Asthenia	13 (18.1)	3 (4.2)	6 (8.8)	0	0.48 (0.18, 1.27)	0.1351
Oedema Peripheral	5 (6.9)	1 (1.4)	10 (14.7)	0	1.93 (0.66, 5.70)	0.2024
Pyrexia	3 (4.2)	0	12 (17.6)	0	4.12 (1.16, 14.67)	0.0162
Malaise	5 (6.9)	0	2 (2.9)	0	0.34 (0.07, 1.78)	0.1886
Infections and Infestations	37 (51.4)	6 (8.3)	41 (60.3)	7 (10.3)	1.11 (0.71, 1.75)	0.6776
Skin Infection	9 (12.5)	2 (2.8)	7 (10.3)	0	0.65 (0.24, 1.78)	0.3938
Nasopharyngitis	7 (9.7)	0	4 (5.9)	0	0.44 (0.13, 1.54)	0.1944
Urinary Tract Infection	6 (8.3)	0	3 (4.4)	0	0.46 (0.12, 1.87)	0.2673
Cellulitis	7 (9.7)	2 (2.8)	0	0	Not Estimated Appropriately due to Short Number of Events	-
Folliculitis	1 (1.4)	0	4 (5.9)	0	2.73 (0.30, 25.32)	0.3948
Nervous System Disorders	42 (58.3)	1 (1.4)	25 (36.8)	1 (1.5)	0.43 (0.26, 0.71)	0.0010
Headache	17 (23.6)	0	14 (20.6)	0	0.71 (0.35, 1.45)	0.3394
Dysgeusia	21 (29.2)	0	3 (4.4)	0	0.13 (0.04, 0.42)	< .0001
Dizziness	7 (9.7)	0	3 (4.4)	0	0.37 (0.09, 1.47)	0.2283
Paraesthesia	5 (6.9)	0	2 (2.9)	0	0.31 (0.06, 1.63)	0.2382
Tremor	4 (5.6)	0	1 (1.5)	0	0.24 (0.03, 2.13)	0.1588
Skin and Subcutaneous Tissue Disorders	32 (44.4)	2 (2.8)	31 (45.6)	4 (5.9)	0.83 (0.50, 1.37)	0.5423
Alopecia	13 (18.1)	0	6 (8.8)	0	0.26 (0.09, 0.71)	0.0078
Drug Eruption	1 (1.4)	0	13 (19.1)	4 (5.9)	11.46 (1.49, 87.99)	0.0029

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Disease Stage : IB/II

	Vorinostat N=72		Mogamulizumab N=68		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Pain Of Skin	4 (5.6)	1 (1.4)	4 (5.9)	1 (1.5)	0.94 (0.23, 3.81)	0.8629
Rash	4 (5.6)	0	1 (1.5)	0	0.26 (0.03, 2.35)	0.1972
Investigations	33 (45.8)	4 (5.6)	19 (27.9)	2 (2.9)	0.37 (0.20, 0.67)	0.0010
Blood Creatinine Increased	17 (23.6)	0	1 (1.5)	0	0.05 (0.01, 0.35)	< .0001
Weight Decreased	13 (18.1)	0	3 (4.4)	1 (1.5)	0.17 (0.05, 0.60)	0.0022
Platelet Count Decreased	9 (12.5)	0	1 (1.5)	0	0.05 (0.01, 0.41)	0.0010
Alanine Aminotransferase Increased	5 (6.9)	1 (1.4)	2 (2.9)	0	0.34 (0.06, 1.80)	0.2807
Aspartate Aminotransferase Increased	6 (8.3)	1 (1.4)	1 (1.5)	0	0.13 (0.02, 1.11)	0.0437
Blood Urea Increased	4 (5.6)	0	1 (1.5)	0	0.21 (0.02, 2.00)	0.1693
Blood Bilirubin Increased	4 (5.6)	1 (1.4)	0	0	Not Estimated Appropriately due to Short Number of Events	-
Metabolism and Nutrition Disorders	33 (45.8)	9 (12.5)	16 (23.5)	4 (5.9)	0.36 (0.20, 0.67)	0.0007
Decreased Appetite	20 (27.8)	0	3 (4.4)	1 (1.5)	0.12 (0.04, 0.42)	< .0001
Hyperglycaemia	7 (9.7)	2 (2.8)	6 (8.8)	0	0.66 (0.22, 2.02)	0.4246
Hypokalaemia	7 (9.7)	2 (2.8)	2 (2.9)	0	0.25 (0.05, 1.22)	0.0592
Hypophosphataemia	5 (6.9)	2 (2.8)	4 (5.9)	2 (2.9)	0.73 (0.19, 2.78)	0.6965
Hyperkalaemia	4 (5.6)	0	2 (2.9)	0	0.44 (0.08, 2.46)	0.2933
Dehydration	4 (5.6)	2 (2.8)	1 (1.5)	1 (1.5)	0.25 (0.03, 2.26)	0.1837
Musculoskeletal and Connective Tissue Disorders	21 (29.2)	2 (2.8)	26 (38.2)	1 (1.5)	1.08 (0.60, 1.93)	0.9950
Back Pain	3 (4.2)	0	9 (13.2)	1 (1.5)	2.65 (0.71, 9.90)	0.1886
Muscle Spasms	9 (12.5)	1 (1.4)	2 (2.9)	0	0.19 (0.04, 0.89)	0.0133
Myalgia	5 (6.9)	0	6 (8.8)	0	1.20 (0.37, 3.95)	0.8999
Arthralgia	4 (5.6)	0	5 (7.4)	0	1.19 (0.32, 4.47)	0.9605
Muscular Weakness	5 (6.9)	0	2 (2.9)	0	0.36 (0.07, 1.88)	0.3105
Pain In Extremity	3 (4.2)	1 (1.4)	4 (5.9)	0	1.21 (0.27, 5.49)	0.5922
Blood and Lymphatic System Disorders	25 (34.7)	3 (4.2)	14 (20.6)	0	0.40 (0.20, 0.80)	0.0059
Thrombocytopenia	19 (26.4)	3 (4.2)	5 (7.4)	0	0.23 (0.08, 0.62)	0.0017
Anaemia	10 (13.9)	0	6 (8.8)	0	0.49 (0.17, 1.41)	0.1765
Neutropenia	4 (5.6)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Respiratory, Thoracic and Mediastinal Disorders	18 (25.0)	2 (2.8)	17 (25.0)	2 (2.9)	0.87 (0.44, 1.72)	0.6827
Cough	7 (9.7)	0	5 (7.4)	0	0.66 (0.20, 2.23)	0.4815

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Disease Stage : IB/II

	Vorinostat N=72		Mogamulizumab N=68		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Oropharyngeal Pain	4 (5.6)	0	5 (7.4)	1 (1.5)	0.97 (0.26, 3.70)	0.9744
Dyspnoea	4 (5.6)	0	3 (4.4)	0	0.68 (0.15, 3.11)	0.5498
Rhinorrhoea	4 (5.6)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Injury, Poisoning and Procedural Complications	10 (13.9)	0	19 (27.9)	1 (1.5)	2.13 (0.98, 4.62)	0.0214
Infusion Related Reaction	1 (1.4)	0	15 (22.1)	1 (1.5)	19.00 (2.50, 144.17)	< .0001
Psychiatric Disorders	10 (13.9)	1 (1.4)	10 (14.7)	1 (1.5)	0.85 (0.35, 2.07)	0.7580
Insomnia	5 (6.9)	0	6 (8.8)	0	0.95 (0.28, 3.17)	0.9915
Depression	2 (2.8)	0	5 (7.4)	1 (1.5)	1.99 (0.38, 10.48)	0.4027
Vascular Disorders	12 (16.7)	3 (4.2)	7 (10.3)	4 (5.9)	0.56 (0.22, 1.44)	0.1838
Hypertension	6 (8.3)	3 (4.2)	4 (5.9)	3 (4.4)	0.68 (0.19, 2.42)	0.4336
Eye Disorders	9 (12.5)	0	8 (11.8)	0	0.79 (0.29, 2.16)	0.7992
Renal and Urinary Disorders	11 (15.3)	0	6 (8.8)	1 (1.5)	0.41 (0.15, 1.13)	0.0525
Dry Eye	5 (6.9)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Cardiac Disorders	7 (9.7)	1 (1.4)	2 (2.9)	1 (1.5)	0.28 (0.06, 1.34)	0.0699
Hepatobiliary Disorders	5 (6.9)	2 (2.8)	2 (2.9)	0	0.36 (0.07, 1.90)	0.2770
Neoplasms Benign, Malignant and Unspecified (Incl Cysts and Polyps)	3 (4.2)	1 (1.4)	4 (5.9)	1 (1.5)	0.72 (0.15, 3.48)	0.7359
Reproductive System and Breast Disorders	4 (5.6)	0	3 (4.4)	0	0.55 (0.12, 2.51)	0.3901

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Disease Stage : III/IV

	Vorinostat N=114		Mogamulizumab N=116		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Subjects with any TEAE	114 (100)	54 (47.4)	114 (98.3)	54 (46.6)	0.88 (0.67, 1.15)	0.2117
Gastrointestinal Disorders	91 (79.8)	9 (7.9)	61 (52.6)	2 (1.7)	0.25 (0.17, 0.36)	< .0001
Diarrhoea	65 (57.0)	5 (4.4)	26 (22.4)	0	0.16 (0.09, 0.26)	< .0001
Nausea	49 (43.0)	2 (1.8)	16 (13.8)	0	0.19 (0.11, 0.35)	< .0001
Constipation	22 (19.3)	2 (1.8)	10 (8.6)	1 (0.9)	0.30 (0.14, 0.66)	0.0011
Vomiting	12 (10.5)	1 (0.9)	5 (4.3)	0	0.33 (0.11, 0.95)	0.0341
Abdominal Pain	11 (9.6)	0	4 (3.4)	0	0.24 (0.07, 0.77)	0.0088
Dry Mouth	10 (8.8)	0	3 (2.6)	0	0.19 (0.05, 0.73)	0.0113
Stomatitis	1 (0.9)	0	8 (6.9)	0	4.52 (0.55, 37.23)	0.0984
Abdominal Pain Upper	7 (6.1)	0	1 (0.9)	0	0.12 (0.01, 1.00)	0.0210
Dyspepsia	6 (5.3)	0	1 (0.9)	0	0.16 (0.02, 1.31)	0.0526
General Disorders and Administration Site Conditions	76 (66.7)	9 (7.9)	66 (56.9)	4 (3.4)	0.56 (0.40, 0.79)	0.0004
Fatigue	40 (35.1)	7 (6.1)	24 (20.7)	1 (0.9)	0.44 (0.26, 0.74)	0.0006
Oedema Peripheral	22 (19.3)	0	17 (14.7)	0	0.50 (0.26, 0.97)	0.0660
Pyrexia	8 (7.0)	0	19 (16.4)	1 (0.9)	1.53 (0.65, 3.59)	0.3068
Chills	12 (10.5)	0	10 (8.6)	0	0.66 (0.28, 1.55)	0.3424
Asthenia	14 (12.3)	1 (0.9)	4 (3.4)	0	0.17 (0.05, 0.53)	0.0011
Pain	1 (0.9)	0	6 (5.2)	1 (0.9)	2.71 (0.31, 23.63)	0.3857
Infections and Infestations	56 (49.1)	13 (11.4)	77 (66.4)	25 (21.6)	0.97 (0.68, 1.38)	0.8272
Upper Respiratory Tract Infection	6 (5.3)	2 (1.8)	16 (13.8)	0	1.62 (0.62, 4.20)	0.3145
Urinary Tract Infection	9 (7.9)	0	9 (7.8)	0	0.62 (0.24, 1.65)	0.3340
Nasopharyngitis	8 (7.0)	0	8 (6.9)	0	0.47 (0.17, 1.29)	0.1169
Skin Infection	4 (3.5)	1 (0.9)	10 (8.6)	0	1.44 (0.44, 4.76)	0.6308
Folliculitis	3 (2.6)	1 (0.9)	9 (7.8)	0	1.64 (0.44, 6.20)	0.5617
Cellulitis	3 (2.6)	2 (1.8)	6 (5.2)	4 (3.4)	1.01 (0.23, 4.40)	0.9973
Oral Candidiasis	1 (0.9)	0	8 (6.9)	0	2.94 (0.35, 24.66)	0.3585
Staphylococcal Skin Infection	1 (0.9)	0	6 (5.2)	0	3.99 (0.47, 33.82)	0.2095
Skin and Subcutaneous Tissue Disorders	46 (40.4)	7 (6.1)	66 (56.9)	6 (5.2)	0.96 (0.65, 1.41)	0.8972
Drug Eruption	0	0	31 (26.7)	4 (3.4)	Not Estimated Appropriately due to Short Number of Events	-
Alopecia	23 (20.2)	0	7 (6.0)	0	0.13 (0.05, 0.35)	< .0001
Actinic Keratosis	3 (2.6)	0	6 (5.2)	0	1.24 (0.30, 5.09)	0.6751
Investigations	62 (54.4)	7 (6.1)	46 (39.7)	6 (5.2)	0.41 (0.27, 0.62)	< .0001

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Disease Stage : III/IV

	Vorinostat N=114		Mogamulizumab N=116		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Blood Creatinine Increased	35 (30.7)	0	5 (4.3)	0	0.10 (0.04, 0.25)	< .0001
Weight Decreased	20 (17.5)	2 (1.8)	8 (6.9)	0	0.21 (0.09, 0.50)	0.0003
Aspartate Aminotransferase Increased	6 (5.3)	0	7 (6.0)	2 (1.7)	0.82 (0.27, 2.49)	0.7120
Platelet Count Decreased	10 (8.8)	0	3 (2.6)	0	0.27 (0.07, 0.99)	0.0376
Alanine Aminotransferase Increased	4 (3.5)	0	8 (6.9)	0	1.53 (0.45, 5.14)	0.5170
Weight Increased	1 (0.9)	0	11 (9.5)	1 (0.9)	6.49 (0.82, 51.18)	0.0355
Nervous System Disorders	59 (51.8)	6 (5.3)	40 (34.5)	1 (0.9)	0.31 (0.20, 0.48)	< .0001
Dysgeusia	33 (28.9)	1 (0.9)	3 (2.6)	0	0.07 (0.02, 0.21)	< .0001
Dizziness	12 (10.5)	0	9 (7.8)	0	0.41 (0.16, 1.02)	0.0592
Headache	12 (10.5)	1 (0.9)	9 (7.8)	0	0.45 (0.18, 1.10)	0.0687
Paraesthesia	9 (7.9)	0	3 (2.6)	0	0.21 (0.05, 0.78)	0.0101
Hypoaesthesia	6 (5.3)	0	5 (4.3)	0	0.41 (0.12, 1.39)	0.1804
Metabolism and Nutrition Disorders	44 (38.6)	6 (5.3)	43 (37.1)	9 (7.8)	0.71 (0.46, 1.09)	0.1263
Decreased Appetite	26 (22.8)	2 (1.8)	11 (9.5)	1 (0.9)	0.29 (0.14, 0.59)	0.0002
Hyperglycaemia	7 (6.1)	0	9 (7.8)	2 (1.7)	0.86 (0.31, 2.39)	0.7313
Hypokalaemia	5 (4.4)	0	8 (6.9)	0	1.01 (0.32, 3.20)	0.9639
Hyperuricaemia	3 (2.6)	1 (0.9)	7 (6.0)	0	1.23 (0.30, 5.00)	0.8764
Hypomagnesaemia	3 (2.6)	0	7 (6.0)	0	1.98 (0.51, 7.72)	0.3041
Blood and Lymphatic System Disorders	51 (44.7)	15 (13.2)	33 (28.4)	3 (2.6)	0.44 (0.28, 0.69)	0.0002
Thrombocytopenia	38 (33.3)	10 (8.8)	16 (13.8)	0	0.29 (0.16, 0.53)	< .0001
Anaemia	9 (7.9)	2 (1.8)	13 (11.2)	2 (1.7)	1.04 (0.43, 2.50)	0.9423
Neutropenia	6 (5.3)	3 (2.6)	5 (4.3)	1 (0.9)	0.67 (0.20, 2.22)	0.5712
Injury, Poisoning and Procedural Complications	18 (15.8)	2 (1.8)	62 (53.4)	6 (5.2)	4.04 (2.37, 6.89)	< .0001
Infusion Related Reaction	0	0	46 (39.7)	2 (1.7)	Not Estimated Appropriately due to Short Number of Events	-
Fall	1 (0.9)	0	10 (8.6)	1 (0.9)	6.88 (0.86, 54.99)	0.0375
Contusion	6 (5.3)	0	4 (3.4)	0	0.30 (0.08, 1.18)	0.1139
Excoriation	2 (1.8)	0	6 (5.2)	0	1.69 (0.33, 8.76)	0.5638
Musculoskeletal and Connective Tissue Disorders	38 (33.3)	4 (3.5)	41 (35.3)	4 (3.4)	0.63 (0.39, 1.00)	0.0379
Muscle Spasms	20 (17.5)	1 (0.9)	7 (6.0)	0	0.24 (0.10, 0.59)	0.0011
Arthralgia	7 (6.1)	0	8 (6.9)	1 (0.9)	0.67 (0.23, 1.92)	0.4464
Back Pain	6 (5.3)	1 (0.9)	9 (7.8)	0	0.89 (0.31, 2.58)	0.8928

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.
Datacut:31Dec2016

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Disease Stage : III/IV

	Vorinostat N=114		Mogamulizumab N=116		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Pain In Extremity	6 (5.3)	0	8 (6.9)	0	0.79 (0.26, 2.40)	0.6628
Muscular Weakness	4 (3.5)	0	6 (5.2)	1 (0.9)	0.89 (0.24, 3.34)	0.7169
Respiratory, Thoracic and Mediastinal Disorders	24 (21.1)	5 (4.4)	39 (33.6)	5 (4.3)	1.07 (0.63, 1.80)	0.7840
Cough	8 (7.0)	0	13 (11.2)	0	0.91 (0.36, 2.27)	0.8052
Dyspnoea	3 (2.6)	0	6 (5.2)	0	1.77 (0.43, 7.20)	0.4321
Eye Disorders	23 (20.2)	0	26 (22.4)	3 (2.6)	0.73 (0.41, 1.31)	0.2615
Vision Blurred	9 (7.9)	0	6 (5.2)	0	0.52 (0.18, 1.49)	0.2739
Dry Eye	6 (5.3)	0	7 (6.0)	0	0.78 (0.25, 2.37)	0.6315
Vascular Disorders	26 (22.8)	10 (8.8)	22 (19.0)	8 (6.9)	0.57 (0.32, 1.03)	0.0890
Hypertension	19 (16.7)	9 (7.9)	13 (11.2)	5 (4.3)	0.50 (0.24, 1.02)	0.0831
Renal and Urinary Disorders	28 (24.6)	2 (1.8)	17 (14.7)	2 (1.7)	0.34 (0.18, 0.65)	0.0010
Renal Failure	8 (7.0)	0	1 (0.9)	1 (0.9)	0.09 (0.01, 0.74)	0.0076
Psychiatric Disorders	18 (15.8)	1 (0.9)	22 (19.0)	1 (0.9)	0.71 (0.37, 1.36)	0.4296
Insomnia	9 (7.9)	0	10 (8.6)	0	0.71 (0.28, 1.81)	0.6141
Depression	4 (3.5)	0	6 (5.2)	1 (0.9)	0.70 (0.18, 2.72)	0.5600
Neoplasms Benign, Malignant and Unspecified (Incl Cysts and Polyps)	9 (7.9)	2 (1.8)	20 (17.2)	4 (3.4)	1.07 (0.47, 2.43)	0.9793
Squamous Cell Carcinoma	3 (2.6)	1 (0.9)	6 (5.2)	1 (0.9)	1.00 (0.24, 4.22)	0.8768
Cardiac Disorders	6 (5.3)	1 (0.9)	13 (11.2)	5 (4.3)	1.15 (0.43, 3.13)	0.7508
Ear and Labyrinth Disorders	5 (4.4)	0	9 (7.8)	0	1.04 (0.34, 3.18)	0.9797
Immune System Disorders	2 (1.8)	0	9 (7.8)	2 (1.7)	2.74 (0.56, 13.37)	0.2016
Endocrine Disorders	1 (0.9)	0	8 (6.9)	0	5.09 (0.61, 42.25)	0.1173

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Table 5.1.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS	Interaction test p-value		0.7711
THROMBOCYTOPENIA	Interaction test p-value		0.9744

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS	Interaction test p-value		0.2649
ABDOMINAL PAIN	Interaction test p-value		0.4776
ABDOMINAL PAIN UPPER	Interaction test p-value		0.9957
CONSTIPATION	Interaction test p-value		0.1809

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
DIARRHOEA	Interaction test p-value		0.4532
DRY MOUTH	Interaction test p-value		0.5180
DYSPEPSIA	Interaction test p-value		0.9951
NAUSEA	Interaction test p-value		0.6646
VOMITING	Interaction test p-value		0.6219
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS	Interaction test p-value		0.4074
ASTHENIA	Interaction test p-value		0.3250

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
FATIGUE	Interaction test p-value		0.4257
PYREXIA	Interaction test p-value		0.0443
INFECTIONS AND INFESTATIONS			
CELLULITIS	Interaction test p-value		0.9899

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NASOPHARYNGITIS	Interaction test p-value		0.2284
INJURY, POISONING AND PROCEDURAL COMPLICATIONS	Interaction test p-value		0.3201

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFUSION RELATED REACTION	Interaction test p-value		0.9868
INVESTIGATIONS	Interaction test p-value		0.1192
BLOOD CREATININE INCREASED	Interaction test p-value		0.9379
PLATELET COUNT DECREASED	Interaction test p-value		0.6401
WEIGHT DECREASED	Interaction test p-value		0.5414

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t-aept-5pct-bloodinv.sasMAR2020 6:37

Table 5.1.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
WEIGHT INCREASED	Interaction test p-value		0.2907
METABOLISM AND NUTRITION DISORDERS	Interaction test p-value		0.7996
DECREASED APPETITE	Interaction test p-value		0.1995
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS			

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t-aept-5pct-bloodinv.sasMAR2020 6:37

Table 5.1.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
MUSCLE SPASMS	Interaction test p-value		0.5811
NERVOUS SYSTEM DISORDERS	Interaction test p-value		0.6399
DIZZINESS	Interaction test p-value		0.9329

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
DYSGEUSIA	Interaction test p-value		0.3787
HEADACHE	Interaction test p-value		0.6935
PARAESTHESIA	Interaction test p-value		0.9002
RENAL AND URINARY DISORDERS	Interaction test p-value		0.0656

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t-aept-5pct-bloodinv.sasMAR2020 6:37

Table 5.1.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
ALOPECIA	Interaction test p-value		0.4650
DRUG ERUPTION	Interaction test p-value		0.9885
VASCULAR DISORDERS	Interaction test p-value		0.7726

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t-aept-5pct-bloodinv.sasMAR2020 6:37

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Blood Involvement : Yes

	Vorinostat N=122		Mogamulizumab N=121		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Subjects with any TEAE	121 (99.2)	60 (49.2)	118 (97.5)	58 (47.9)	0.89 (0.68, 1.16)	0.2113
Gastrointestinal Disorders	95 (77.9)	13 (10.7)	65 (53.7)	3 (2.5)	0.26 (0.18, 0.37)	< .0001
Diarrhoea	70 (57.4)	7 (5.7)	31 (25.6)	0	0.18 (0.11, 0.29)	< .0001
Nausea	49 (40.2)	3 (2.5)	17 (14.0)	0	0.21 (0.12, 0.37)	< .0001
Constipation	20 (16.4)	2 (1.6)	10 (8.3)	1 (0.8)	0.33 (0.15, 0.73)	0.0047
Vomiting	15 (12.3)	1 (0.8)	8 (6.6)	0	0.38 (0.15, 0.93)	0.0320
Abdominal Pain	11 (9.0)	0	5 (4.1)	0	0.27 (0.09, 0.83)	0.0098
Dry Mouth	9 (7.4)	0	3 (2.5)	0	0.23 (0.06, 0.92)	0.0517
Stomatitis	2 (1.6)	0	8 (6.6)	0	2.22 (0.45, 10.93)	0.2143
Abdominal Pain Upper	8 (6.6)	1 (0.8)	1 (0.8)	0	0.10 (0.01, 0.80)	0.0156
Dyspepsia	7 (5.7)	0	1 (0.8)	0	0.16 (0.02, 1.28)	0.0479
General Disorders and Administration Site Conditions	82 (67.2)	10 (8.2)	69 (57.0)	4 (3.3)	0.58 (0.41, 0.81)	0.0003
Fatigue	43 (35.2)	5 (4.1)	25 (20.7)	1 (0.8)	0.45 (0.27, 0.76)	0.0010
Oedema Peripheral	24 (19.7)	1 (0.8)	18 (14.9)	0	0.50 (0.26, 0.94)	0.0323
Pyrexia	10 (8.2)	0	19 (15.7)	1 (0.8)	1.23 (0.55, 2.76)	0.6080
Asthenia	16 (13.1)	3 (2.5)	4 (3.3)	0	0.23 (0.07, 0.71)	0.0054
Chills	11 (9.0)	0	9 (7.4)	0	0.67 (0.27, 1.64)	0.3752
Infections and Infestations	63 (51.6)	16 (13.1)	84 (69.4)	27 (22.3)	0.93 (0.66, 1.31)	0.4781
Upper Respiratory Tract Infection	7 (5.7)	2 (1.6)	16 (13.2)	0	1.26 (0.50, 3.14)	0.6252
Urinary Tract Infection	10 (8.2)	0	10 (8.3)	0	0.67 (0.27, 1.70)	0.3683
Skin Infection	7 (5.7)	3 (2.5)	12 (9.9)	0	1.03 (0.39, 2.74)	0.8780
Nasopharyngitis	8 (6.6)	0	10 (8.3)	0	0.52 (0.20, 1.39)	0.0858
Folliculitis	4 (3.3)	1 (0.8)	11 (9.1)	0	1.38 (0.42, 4.49)	0.9980
Cellulitis	7 (5.7)	3 (2.5)	6 (5.0)	4 (3.3)	0.35 (0.10, 1.21)	0.0942
Oral Candidiasis	1 (0.8)	0	7 (5.8)	0	2.18 (0.25, 18.97)	0.5284
Skin and Subcutaneous Tissue Disorders	46 (37.7)	5 (4.1)	69 (57.0)	7 (5.8)	1.08 (0.74, 1.59)	0.5849
Drug Eruption	0	0	36 (29.8)	6 (5.0)	Not Estimated Appropriately due to Short Number of Events	-
Alopecia	22 (18.0)	0	8 (6.6)	0	0.17 (0.07, 0.41)	< .0001
Investigations	59 (48.4)	7 (5.7)	50 (41.3)	6 (5.0)	0.48 (0.32, 0.71)	0.0004
Blood Creatinine Increased	32 (26.2)	0	4 (3.3)	0	0.08 (0.03, 0.24)	< .0001
Weight Decreased	21 (17.2)	2 (1.6)	9 (7.4)	0	0.21 (0.09, 0.49)	0.0001
Platelet Count Decreased	12 (9.8)	0	3 (2.5)	0	0.23 (0.06, 0.82)	0.0202

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2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Blood Involvement : Yes

	Vorinostat N=122		Mogamulizumab N=121		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Alanine Aminotransferase Increased	4 (3.3)	0	9 (7.4)	0	1.89 (0.57, 6.23)	0.2891
Weight Increased	1 (0.8)	0	12 (9.9)	1 (0.8)	7.53 (0.96, 59.24)	0.0320
Aspartate Aminotransferase Increased	5 (4.1)	0	7 (5.8)	1 (0.8)	1.11 (0.34, 3.59)	0.8295
Blood Bilirubin Increased	7 (5.7)	1 (0.8)	1 (0.8)	1 (0.8)	0.04 (0.00, 0.54)	0.0095
Nervous System Disorders	61 (50.0)	5 (4.1)	44 (36.4)	1 (0.8)	0.39 (0.25, 0.59)	< .0001
Dysgeusia	35 (28.7)	1 (0.8)	5 (4.1)	0	0.11 (0.04, 0.30)	< .0001
Headache	14 (11.5)	1 (0.8)	11 (9.1)	0	0.57 (0.25, 1.30)	0.2231
Dizziness	11 (9.0)	0	8 (6.6)	0	0.37 (0.14, 0.98)	0.0504
Paraesthesia	10 (8.2)	0	4 (3.3)	0	0.24 (0.07, 0.80)	0.0182
Metabolism and Nutrition Disorders	52 (42.6)	8 (6.6)	41 (33.9)	10 (8.3)	0.52 (0.34, 0.79)	0.0039
Decreased Appetite	30 (24.6)	2 (1.6)	12 (9.9)	1 (0.8)	0.26 (0.13, 0.52)	< .0001
Hyperglycaemia	9 (7.4)	1 (0.8)	10 (8.3)	2 (1.7)	0.75 (0.29, 1.94)	0.4904
Hypokalaemia	7 (5.7)	1 (0.8)	6 (5.0)	0	0.45 (0.14, 1.43)	0.1773
Hyperuricaemia	4 (3.3)	1 (0.8)	7 (5.8)	0	0.86 (0.24, 3.08)	0.8001
Hypomagnesaemia	3 (2.5)	0	7 (5.8)	0	1.93 (0.49, 7.51)	0.3420
Blood and Lymphatic System Disorders	55 (45.1)	15 (12.3)	34 (28.1)	3 (2.5)	0.41 (0.26, 0.64)	< .0001
Thrombocytopenia	42 (34.4)	11 (9.0)	16 (13.2)	0	0.27 (0.15, 0.49)	< .0001
Anaemia	10 (8.2)	2 (1.6)	15 (12.4)	2 (1.7)	1.08 (0.47, 2.48)	0.9249
Neutropenia	9 (7.4)	3 (2.5)	4 (3.3)	1 (0.8)	0.34 (0.10, 1.13)	0.0624
Injury, Poisoning and Procedural Complications	19 (15.6)	2 (1.6)	63 (52.1)	7 (5.8)	3.87 (2.29, 6.52)	< .0001
Infusion Related Reaction	0	0	46 (38.0)	3 (2.5)	Not Estimated Appropriately due to Short Number of Events	-
Fall	1 (0.8)	0	10 (8.3)	1 (0.8)	6.53 (0.82, 52.29)	0.0399
Musculoskeletal and Connective Tissue Disorders	35 (28.7)	4 (3.3)	43 (35.5)	2 (1.7)	0.78 (0.49, 1.26)	0.2788
Muscle Spasms	19 (15.6)	1 (0.8)	7 (5.8)	0	0.23 (0.09, 0.59)	0.0020
Arthralgia	9 (7.4)	0	9 (7.4)	1 (0.8)	0.58 (0.22, 1.55)	0.3034
Back Pain	4 (3.3)	1 (0.8)	13 (10.7)	0	2.21 (0.69, 7.04)	0.1668
Pain In Extremity	5 (4.1)	0	9 (7.4)	0	1.02 (0.32, 3.26)	0.7189
Musculoskeletal Pain	2 (1.6)	0	7 (5.8)	0	1.79 (0.36, 9.02)	0.5667
Respiratory, Thoracic and Mediastinal Disorders	27 (22.1)	6 (4.9)	42 (34.7)	5 (4.1)	1.03 (0.62, 1.70)	0.9807
Cough	9 (7.4)	0	14 (11.6)	0	0.95 (0.40, 2.28)	0.7521

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covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Blood Involvement : Yes

	Vorinostat N=122		Mogamulizumab N=121		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Dyspnoea	5 (4.1)	0	8 (6.6)	0	1.43 (0.46, 4.48)	0.4386
Eye Disorders	24 (19.7)	0	24 (19.8)	2 (1.7)	0.67 (0.37, 1.22)	0.1743
Vision Blurred	10 (8.2)	0	5 (4.1)	0	0.40 (0.13, 1.18)	0.1036
Dry Eye	7 (5.7)	0	7 (5.8)	0	0.70 (0.24, 2.07)	0.5808
Renal and Urinary Disorders	31 (25.4)	1 (0.8)	16 (13.2)	2 (1.7)	0.26 (0.14, 0.51)	< .0001
Renal Failure	8 (6.6)	0	1 (0.8)	1 (0.8)	0.09 (0.01, 0.78)	0.0097
Vascular Disorders	25 (20.5)	9 (7.4)	20 (16.5)	8 (6.6)	0.59 (0.32, 1.08)	0.1077
Hypertension	19 (15.6)	9 (7.4)	13 (10.7)	6 (5.0)	0.55 (0.27, 1.13)	0.0933
Psychiatric Disorders	22 (18.0)	2 (1.6)	22 (18.2)	1 (0.8)	0.59 (0.31, 1.11)	0.2588
Insomnia	11 (9.0)	0	11 (9.1)	0	0.65 (0.27, 1.58)	0.6667
Depression	5 (4.1)	0	7 (5.8)	1 (0.8)	0.73 (0.21, 2.55)	0.6913
Neoplasms Benign, Malignant and Unspecified (Incl Cysts and Polyps)	10 (8.2)	2 (1.6)	19 (15.7)	3 (2.5)	0.86 (0.39, 1.94)	0.6625
Cardiac Disorders	10 (8.2)	2 (1.6)	8 (6.6)	2 (1.7)	0.45 (0.17, 1.19)	0.1609
Ear and Labyrinth Disorders	4 (3.3)	0	9 (7.4)	0	1.36 (0.40, 4.65)	0.6980
Immune System Disorders	2 (1.6)	0	9 (7.4)	2 (1.7)	2.73 (0.56, 13.33)	0.2255
Endocrine Disorders	1 (0.8)	0	9 (7.4)	0	5.31 (0.65, 43.68)	0.1218

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two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
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Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Blood Involvement : No

	Vorinostat N=62		Mogamulizumab N=63		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Subjects with any TEAE	62 (100)	25 (40.3)	61 (96.8)	20 (31.7)	0.62 (0.43, 0.90)	0.0094
Gastrointestinal Disorders	55 (88.7)	4 (6.5)	28 (44.4)	1 (1.6)	0.19 (0.12, 0.31)	< .0001
Diarrhoea	43 (69.4)	2 (3.2)	12 (19.0)	1 (1.6)	0.14 (0.07, 0.26)	< .0001
Nausea	30 (48.4)	0	11 (17.5)	1 (1.6)	0.23 (0.11, 0.47)	< .0001
Constipation	14 (22.6)	0	11 (17.5)	0	0.75 (0.34, 1.66)	0.3711
Abdominal Pain	10 (16.1)	0	2 (3.2)	0	0.15 (0.03, 0.70)	0.0084
Vomiting	9 (14.5)	0	3 (4.8)	0	0.31 (0.08, 1.16)	0.0666
Dry Mouth	7 (11.3)	0	1 (1.6)	0	0.13 (0.01, 1.06)	0.0527
Dysphagia	4 (6.5)	0	1 (1.6)	0	0.21 (0.02, 1.91)	0.1618
Dyspepsia	4 (6.5)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
General Disorders and Administration Site Conditions	42 (67.7)	7 (11.3)	37 (58.7)	4 (6.3)	0.84 (0.53, 1.31)	0.5311
Fatigue	27 (43.5)	6 (9.7)	18 (28.6)	2 (3.2)	0.63 (0.35, 1.16)	0.3143
Asthenia	9 (14.5)	1 (1.6)	6 (9.5)	0	0.51 (0.18, 1.44)	0.1071
Pyrexia	1 (1.6)	0	12 (19.0)	0	13.04 (1.68, 101.34)	0.0024
Oedema Peripheral	3 (4.8)	0	9 (14.3)	0	3.09 (0.83, 11.49)	0.0335
Chills	3 (4.8)	0	4 (6.3)	0	1.26 (0.28, 5.65)	0.6757
Malaise	5 (8.1)	0	2 (3.2)	0	0.37 (0.07, 1.93)	0.2300
Infections and Infestations	29 (46.8)	3 (4.8)	34 (54.0)	5 (7.9)	1.04 (0.63, 1.73)	0.9772
Skin Infection	6 (9.7)	0	5 (7.9)	0	0.73 (0.22, 2.41)	0.5978
Nasopharyngitis	7 (11.3)	0	2 (3.2)	0	0.22 (0.04, 1.05)	0.0500
Urinary Tract Infection	5 (8.1)	0	2 (3.2)	0	0.35 (0.07, 1.82)	0.2044
Nervous System Disorders	40 (64.5)	2 (3.2)	21 (33.3)	1 (1.6)	0.32 (0.19, 0.56)	0.0003
Headache	15 (24.2)	0	12 (19.0)	0	0.65 (0.30, 1.41)	0.2772
Dysgeusia	19 (30.6)	0	1 (1.6)	0	0.04 (0.01, 0.32)	< .0001
Dizziness	8 (12.9)	0	4 (6.3)	0	0.48 (0.14, 1.61)	0.2916
Paraesthesia	4 (6.5)	0	1 (1.6)	0	0.20 (0.02, 1.82)	0.1287
Skin and Subcutaneous Tissue Disorders	31 (50.0)	4 (6.5)	28 (44.4)	3 (4.8)	0.67 (0.40, 1.12)	0.2822
Alopecia	14 (22.6)	0	5 (7.9)	0	0.22 (0.08, 0.64)	0.0094
Drug Eruption	1 (1.6)	0	8 (12.7)	2 (3.2)	6.80 (0.84, 54.89)	0.0386
Pain Of Skin	4 (6.5)	0	3 (4.8)	0	0.62 (0.14, 2.79)	0.7128
Investigations	36 (58.1)	4 (6.5)	15 (23.8)	2 (3.2)	0.27 (0.14, 0.51)	< .0001
Blood Creatinine Increased	20 (32.3)	0	2 (3.2)	0	0.09 (0.02, 0.39)	< .0001

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a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Blood Involvement : No

	Vorinostat N=62		Mogamulizumab N=63		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Weight Decreased	12 (19.4)	0	2 (3.2)	1 (1.6)	0.14 (0.03, 0.62)	0.0037
Aspartate Aminotransferase Increased	7 (11.3)	1 (1.6)	1 (1.6)	1 (1.6)	Not Estimated Appropriately due to Short Number of Events	-
Platelet Count Decreased	7 (11.3)	0	1 (1.6)	0	0.05 (0.01, 0.55)	0.0057
Alanine Aminotransferase Increased	5 (8.1)	1 (1.6)	1 (1.6)	0	Not Estimated Appropriately due to Short Number of Events	-
Blood Urea Increased	4 (6.5)	0	1 (1.6)	0	0.22 (0.02, 2.06)	0.1730
Musculoskeletal and Connective Tissue Disorders	23 (37.1)	2 (3.2)	24 (38.1)	3 (4.8)	0.79 (0.44, 1.41)	0.1219
Muscle Spasms	10 (16.1)	1 (1.6)	2 (3.2)	0	0.15 (0.03, 0.69)	0.0037
Back Pain	5 (8.1)	0	5 (7.9)	1 (1.6)	0.86 (0.25, 3.00)	0.5683
Myalgia	4 (6.5)	0	6 (9.5)	0	1.31 (0.37, 4.65)	0.8360
Pain In Extremity	4 (6.5)	1 (1.6)	3 (4.8)	0	0.68 (0.15, 3.10)	0.5490
Arthralgia	2 (3.2)	0	4 (6.3)	0	1.97 (0.36, 10.81)	0.5919
Muscular Weakness	4 (6.5)	0	2 (3.2)	0	0.40 (0.07, 2.18)	0.3856
Metabolism and Nutrition Disorders	25 (40.3)	7 (11.3)	18 (28.6)	3 (4.8)	0.57 (0.31, 1.05)	0.0802
Decreased Appetite	16 (25.8)	0	2 (3.2)	1 (1.6)	0.10 (0.02, 0.43)	0.0002
Hyperglycaemia	5 (8.1)	1 (1.6)	5 (7.9)	0	0.91 (0.26, 3.20)	0.6076
Hypokalaemia	5 (8.1)	1 (1.6)	4 (6.3)	0	0.81 (0.22, 3.04)	0.6830
Hypophosphataemia	4 (6.5)	2 (3.2)	4 (6.3)	1 (1.6)	0.94 (0.24, 3.79)	0.9888
Hyperkalaemia	4 (6.5)	1 (1.6)	3 (4.8)	0	0.66 (0.15, 2.95)	0.5918
Dehydration	4 (6.5)	1 (1.6)	1 (1.6)	1 (1.6)	0.25 (0.03, 2.26)	0.3479
Blood and Lymphatic System Disorders	21 (33.9)	3 (4.8)	13 (20.6)	0	0.39 (0.19, 0.80)	0.0129
Thrombocytopenia	15 (24.2)	2 (3.2)	5 (7.9)	0	0.27 (0.10, 0.77)	0.0080
Anaemia	9 (14.5)	0	4 (6.3)	0	0.37 (0.11, 1.23)	0.1112
Respiratory, Thoracic and Mediastinal Disorders	15 (24.2)	1 (1.6)	14 (22.2)	2 (3.2)	0.86 (0.41, 1.81)	0.7168
Cough	6 (9.7)	0	4 (6.3)	0	0.63 (0.17, 2.36)	0.4522
Oropharyngeal Pain	2 (3.2)	0	4 (6.3)	1 (1.6)	1.72 (0.31, 9.40)	0.4636
Injury, Poisoning and Procedural Complications	9 (14.5)	0	18 (28.6)	0	2.17 (0.97, 4.86)	0.0455
Infusion Related Reaction	1 (1.6)	0	15 (23.8)	0	16.68 (2.20, 126.50)	< .0001
Vascular Disorders	13 (21.0)	4 (6.5)	9 (14.3)	4 (6.3)	0.62 (0.26, 1.48)	0.2725
Hypertension	6 (9.7)	3 (4.8)	4 (6.3)	2 (3.2)	0.63 (0.17, 2.25)	0.5344

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Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Blood Involvement : No

	Vorinostat N=62		Mogamulizumab N=63		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Eye Disorders	8 (12.9)	0	10 (15.9)	1 (1.6)	1.20 (0.47, 3.07)	0.6916
Dry Eye	4 (6.5)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Psychiatric Disorders	6 (9.7)	0	10 (15.9)	1 (1.6)	1.50 (0.54, 4.17)	0.4301
Insomnia	3 (4.8)	0	5 (7.9)	0	1.33 (0.32, 5.62)	0.8839
Depression	1 (1.6)	0	4 (6.3)	1 (1.6)	3.28 (0.36, 29.90)	0.2826
Renal and Urinary Disorders	8 (12.9)	1 (1.6)	7 (11.1)	1 (1.6)	0.90 (0.32, 2.55)	0.6897
Cardiac Disorders	3 (4.8)	0	7 (11.1)	4 (6.3)	1.87 (0.47, 7.46)	0.8649
Ear and Labyrinth Disorders	4 (6.5)	0	3 (4.8)	0	0.75 (0.15, 3.61)	0.7362
Neoplasms Benign, Malignant and Unspecified (Incl Cysts and Polyps)	2 (3.2)	1 (1.6)	5 (7.9)	2 (3.2)	2.86 (0.52, 15.77)	0.3432
Reproductive System and Breast Disorders	4 (6.5)	0	2 (3.2)	0	0.35 (0.06, 1.96)	0.1857

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Table 5.1.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS	Interaction test p-value		0.9939
THROMBOCYTOPENIA	Interaction test p-value		0.9994

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS	Interaction test p-value		0.6584
ABDOMINAL PAIN	Interaction test p-value		0.9991
ABDOMINAL PAIN UPPER	Interaction test p-value		1.0000
CONSTIPATION	Interaction test p-value		0.4440

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
DIARRHOEA	Interaction test p-value		0.6030
DRY MOUTH	Interaction test p-value		0.9429
DYSPEPSIA	Interaction test p-value		1.0000
NAUSEA	Interaction test p-value		0.9785
VOMITING	Interaction test p-value		0.9916
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS	Interaction test p-value		0.4444
ASTHENIA	Interaction test p-value		1.0000

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
FATIGUE	Interaction test p-value		0.5488
OEDEMA PERIPHERAL	Interaction test p-value		0.3177
PYREXIA	Interaction test p-value		0.6631
INFECTIONS AND INFESTATIONS			
CELLULITIS	Interaction test p-value		0.7944

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NASOPHARYNGITIS	Interaction test p-value		0.9995
INJURY, POISONING AND PROCEDURAL COMPLICATIONS	Interaction test p-value		0.9967

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFUSION RELATED REACTION	Interaction test p-value		1.0000
INVESTIGATIONS	Interaction test p-value		0.0151
BLOOD CREATININE INCREASED	Interaction test p-value		0.6855
PLATELET COUNT DECREASED	Interaction test p-value		0.9962
WEIGHT DECREASED	Interaction test p-value		0.7812

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
WEIGHT INCREASED	Interaction test p-value		0.9778
METABOLISM AND NUTRITION DISORDERS	Interaction test p-value		0.5250
DECREASED APPETITE	Interaction test p-value		0.2540
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS			

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
MUSCLE SPASMS	Interaction test p-value		0.6501
NERVOUS SYSTEM DISORDERS	Interaction test p-value		0.7817
DIZZINESS	Interaction test p-value		0.9471

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
DYSGEUSIA	Interaction test p-value		0.6134
HEADACHE	Interaction test p-value		0.8671
PARAESTHESIA	Interaction test p-value		0.7282
RENAL AND URINARY DISORDERS	Interaction test p-value		0.5299

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
ALOPECIA	Interaction test p-value		0.9733
DRUG ERUPTION	Interaction test p-value		1.0000
VASCULAR DISORDERS	Interaction test p-value		0.8151

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Region : US

	Vorinostat N=103		Mogamulizumab N=97		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Subjects with any TEAE	103 (100)	44 (42.7)	94 (96.9)	46 (47.4)	0.93 (0.69, 1.25)	0.2314
Gastrointestinal Disorders	89 (86.4)	12 (11.7)	54 (55.7)	1 (1.0)	0.21 (0.14, 0.31)	< .0001
Diarrhoea	72 (69.9)	7 (6.8)	27 (27.8)	0	0.16 (0.10, 0.27)	< .0001
Nausea	46 (44.7)	3 (2.9)	18 (18.6)	0	0.23 (0.13, 0.42)	< .0001
Constipation	19 (18.4)	0	9 (9.3)	0	0.32 (0.13, 0.74)	0.0049
Vomiting	17 (16.5)	1 (1.0)	7 (7.2)	0	0.35 (0.14, 0.85)	0.0196
Abdominal Pain	13 (12.6)	0	4 (4.1)	0	0.20 (0.06, 0.62)	0.0034
Dry Mouth	9 (8.7)	0	1 (1.0)	0	0.09 (0.01, 0.76)	0.0076
Gastrooesophageal Reflux Disease	6 (5.8)	0	3 (3.1)	0	0.27 (0.06, 1.16)	0.0732
Stomatitis	2 (1.9)	0	6 (6.2)	0	1.99 (0.39, 10.26)	0.3993
Dyspepsia	6 (5.8)	0	1 (1.0)	0	0.16 (0.02, 1.33)	0.0529
Dysphagia	6 (5.8)	0	1 (1.0)	0	0.13 (0.02, 1.09)	0.0381
General Disorders and Administration Site Conditions	69 (67.0)	11 (10.7)	61 (62.9)	4 (4.1)	0.71 (0.49, 1.01)	0.0463
Fatigue	50 (48.5)	9 (8.7)	33 (34.0)	2 (2.1)	0.55 (0.35, 0.87)	0.0080
Oedema Peripheral	22 (21.4)	1 (1.0)	15 (15.5)	0	0.49 (0.25, 0.97)	0.0695
Chills	10 (9.7)	0	11 (11.3)	0	0.93 (0.39, 2.23)	0.8936
Pyrexia	6 (5.8)	0	12 (12.4)	1 (1.0)	1.51 (0.55, 4.14)	0.4163
Malaise	6 (5.8)	0	1 (1.0)	0	0.13 (0.02, 1.12)	0.0285
Infections and Infestations	50 (48.5)	10 (9.7)	64 (66.0)	17 (17.5)	1.04 (0.72, 1.51)	0.9973
Upper Respiratory Tract Infection	8 (7.8)	1 (1.0)	16 (16.5)	0	1.24 (0.52, 2.93)	0.6183
Skin Infection	8 (7.8)	2 (1.9)	12 (12.4)	0	1.02 (0.41, 2.56)	0.9459
Urinary Tract Infection	10 (9.7)	0	8 (8.2)	0	0.53 (0.20, 1.39)	0.2005
Cellulitis	7 (6.8)	2 (1.9)	4 (4.1)	2 (2.1)	0.34 (0.10, 1.21)	0.0444
Folliculitis	3 (2.9)	1 (1.0)	7 (7.2)	0	1.23 (0.31, 4.85)	0.8338
Staphylococcal Skin Infection	2 (1.9)	0	7 (7.2)	0	2.65 (0.54, 12.96)	0.2546
Influenza	3 (2.9)	0	5 (5.2)	1 (1.0)	1.16 (0.27, 4.97)	0.8384
Skin and Subcutaneous Tissue Disorders	46 (44.7)	2 (1.9)	56 (57.7)	5 (5.2)	0.86 (0.57, 1.28)	0.5725
Alopecia	22 (21.4)	0	8 (8.2)	0	0.18 (0.07, 0.43)	< .0001
Drug Eruption	1 (1.0)	0	26 (26.8)	4 (4.1)	16.86 (2.27, 125.26)	0.0001
Rash	7 (6.8)	0	6 (6.2)	0	0.28 (0.07, 1.05)	0.0679
Actinic Keratosis	2 (1.9)	0	6 (6.2)	0	1.76 (0.35, 8.89)	0.4348
Skin Fissures	2 (1.9)	0	5 (5.2)	0	1.67 (0.31, 8.97)	0.5196

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Region : US

	Vorinostat N=103		Mogamulizumab N=97		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Skin Ulcer	1 (1.0)	0	5 (5.2)	1 (1.0)	2.26 (0.25, 20.56)	0.4449
Investigations	57 (55.3)	7 (6.8)	41 (42.3)	5 (5.2)	0.46 (0.30, 0.70)	0.0004
Blood Creatinine Increased	32 (31.1)	0	3 (3.1)	0	0.07 (0.02, 0.25)	< .0001
Weight Decreased	19 (18.4)	2 (1.9)	8 (8.2)	1 (1.0)	0.29 (0.12, 0.68)	0.0022
Aspartate Aminotransferase Increased	7 (6.8)	0	6 (6.2)	1 (1.0)	0.57 (0.18, 1.79)	0.4562
Alanine Aminotransferase Increased	4 (3.9)	0	8 (8.2)	0	1.64 (0.49, 5.51)	0.4301
Platelet Count Decreased	10 (9.7)	0	2 (2.1)	0	0.18 (0.04, 0.82)	0.0129
Blood Alkaline Phosphatase Increased	5 (4.9)	0	5 (5.2)	0	0.53 (0.15, 1.93)	0.3731
Blood Bilirubin Increased	6 (5.8)	0	1 (1.0)	1 (1.0)	0.14 (0.02, 1.17)	0.0354
Blood Uric Acid Increased	1 (1.0)	0	5 (5.2)	0	5.64 (0.66, 48.39)	0.0803
Glomerular Filtration Rate Decreased	6 (5.8)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Weight Increased	1 (1.0)	0	5 (5.2)	0	3.09 (0.35, 27.27)	0.2469
Nervous System Disorders	56 (54.4)	3 (2.9)	40 (41.2)	2 (2.1)	0.41 (0.27, 0.64)	< .0001
Dysgeusia	32 (31.1)	1 (1.0)	4 (4.1)	0	0.10 (0.03, 0.28)	< .0001
Headache	18 (17.5)	1 (1.0)	15 (15.5)	0	0.59 (0.29, 1.19)	0.1198
Dizziness	13 (12.6)	0	8 (8.2)	0	0.41 (0.16, 1.03)	0.0741
Neuropathy Peripheral	5 (4.9)	1 (1.0)	6 (6.2)	0	0.84 (0.24, 2.86)	0.7761
Metabolism and Nutrition Disorders	49 (47.6)	7 (6.8)	42 (43.3)	9 (9.3)	0.63 (0.41, 0.96)	0.0474
Decreased Appetite	29 (28.2)	1 (1.0)	8 (8.2)	0	0.19 (0.09, 0.43)	< .0001
Hyperglycaemia	10 (9.7)	1 (1.0)	11 (11.3)	2 (2.1)	0.73 (0.30, 1.80)	0.4882
Hypokalaemia	7 (6.8)	0	9 (9.3)	0	0.87 (0.31, 2.42)	0.7470
Hyperuricaemia	4 (3.9)	1 (1.0)	6 (6.2)	0	0.85 (0.23, 3.17)	0.8264
Hypophosphataemia	3 (2.9)	2 (1.9)	7 (7.2)	3 (3.1)	2.09 (0.53, 8.27)	0.2452
Dehydration	7 (6.8)	2 (1.9)	2 (2.1)	0	0.26 (0.05, 1.27)	0.0681
Hypomagnesaemia	3 (2.9)	0	6 (6.2)	0	1.82 (0.45, 7.30)	0.3930
Blood and Lymphatic System Disorders	48 (46.6)	10 (9.7)	30 (30.9)	3 (3.1)	0.44 (0.27, 0.71)	0.0005
Injury, Poisoning and Procedural Complications	21 (20.4)	2 (1.9)	57 (58.8)	6 (6.2)	3.56 (2.14, 5.93)	< .0001
Thrombocytopenia	37 (35.9)	8 (7.8)	15 (15.5)	0	0.30 (0.16, 0.57)	0.0001
Infusion Related Reaction	0	0	43 (44.3)	3 (3.1)	Not Estimated Appropriately due to Short Number of Events	-
Anaemia	11 (10.7)	0	13 (13.4)	2 (2.1)	0.82 (0.36, 1.88)	0.9042
Neutropenia	8 (7.8)	1 (1.0)	4 (4.1)	1 (1.0)	0.36 (0.10, 1.22)	0.1018

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Region : US

	Vorinostat N=103		Mogamulizumab N=97		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Fall	2 (1.9)	0	10 (10.3)	1 (1.0)	3.34 (0.71, 15.76)	0.1224
Excoriation	3 (2.9)	0	6 (6.2)	0	0.82 (0.19, 3.59)	0.9529
Musculoskeletal and Connective Tissue Disorders	31 (30.1)	2 (1.9)	36 (37.1)	4 (4.1)	0.74 (0.44, 1.22)	0.2235
Muscle Spasms	12 (11.7)	0	6 (6.2)	0	0.32 (0.12, 0.91)	0.0288
Back Pain	6 (5.8)	1 (1.0)	10 (10.3)	1 (1.0)	1.19 (0.42, 3.35)	0.6615
Arthralgia	6 (5.8)	0	7 (7.2)	1 (1.0)	0.69 (0.22, 2.16)	0.5435
Pain In Extremity	6 (5.8)	0	7 (7.2)	0	0.75 (0.23, 2.39)	0.6796
Muscular Weakness	5 (4.9)	0	6 (6.2)	1 (1.0)	0.96 (0.28, 3.24)	0.9539
Musculoskeletal Pain	4 (3.9)	0	5 (5.2)	0	0.82 (0.21, 3.19)	0.7853
Myalgia	4 (3.9)	1 (1.0)	5 (5.2)	0	0.70 (0.18, 2.81)	0.5492
Respiratory, Thoracic and Mediastinal Disorders	30 (29.1)	4 (3.9)	33 (34.0)	3 (3.1)	0.81 (0.49, 1.35)	0.4845
Cough	10 (9.7)	0	12 (12.4)	0	0.78 (0.33, 1.88)	0.7259
Dyspnoea	7 (6.8)	0	8 (8.2)	0	0.97 (0.34, 2.75)	0.9495
Nasal Congestion	2 (1.9)	0	5 (5.2)	0	1.22 (0.22, 6.81)	0.9176
Rhinorrhoea	6 (5.8)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Eye Disorders	18 (17.5)	0	19 (19.6)	1 (1.0)	0.79 (0.41, 1.53)	0.4366
Renal and Urinary Disorders	22 (21.4)	0	15 (15.5)	1 (1.0)	0.40 (0.20, 0.79)	0.0084
Vascular Disorders	19 (18.4)	4 (3.9)	18 (18.6)	8 (8.2)	0.71 (0.37, 1.39)	0.3615
Hypertension	11 (10.7)	4 (3.9)	12 (12.4)	4 (4.1)	0.91 (0.39, 2.09)	0.8534
Vision Blurred	8 (7.8)	0	4 (4.1)	0	0.43 (0.13, 1.48)	0.1958
Dry Eye	6 (5.8)	0	5 (5.2)	0	0.57 (0.17, 1.93)	0.3162
Renal Failure Acute	7 (6.8)	0	4 (4.1)	0	0.42 (0.12, 1.50)	0.1743
Psychiatric Disorders	11 (10.7)	0	18 (18.6)	1 (1.0)	1.10 (0.51, 2.40)	0.7056
Insomnia	6 (5.8)	0	10 (10.3)	0	1.26 (0.44, 3.57)	0.6439
Depression	2 (1.9)	0	7 (7.2)	1 (1.0)	1.71 (0.33, 8.75)	0.3994
Neoplasms Benign, Malignant and Unspecified (Incl Cysts and Polyps)	7 (6.8)	0	15 (15.5)	3 (3.1)	1.10 (0.43, 2.77)	0.8311
Squamous Cell Carcinoma	2 (1.9)	0	5 (5.2)	0	1.01 (0.18, 5.53)	0.9975
Cardiac Disorders	7 (6.8)	1 (1.0)	8 (8.2)	4 (4.1)	0.73 (0.26, 2.10)	0.5692
Ear and Labyrinth Disorders	4 (3.9)	0	8 (8.2)	0	1.02 (0.29, 3.54)	0.8927

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covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Region : US

	Vorinostat N=103		Mogamulizumab N=97		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Reproductive System and Breast Disorders	6 (5.8)	2 (1.9)	2 (2.1)	0	0.20 (0.04, 1.16)	0.0535
Immune System Disorders	2 (1.9)	0	5 (5.2)	2 (2.1)	1.40 (0.24, 8.22)	0.7078

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two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.
Datacut:31Dec2016

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Region : Europe

	Vorinostat N=70		Mogamulizumab N=69		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Subjects with any TEAE	69 (98.6)	33 (47.1)	67 (97.1)	26 (37.7)	0.73 (0.51, 1.02)	0.0268
General Disorders and Administration Site Conditions	48 (68.6)	3 (4.3)	34 (49.3)	3 (4.3)	0.48 (0.31, 0.75)	0.0005
Infections and Infestations	38 (54.3)	6 (8.6)	44 (63.8)	12 (17.4)	0.92 (0.59, 1.44)	0.8347
Asthenia	22 (31.4)	2 (2.9)	10 (14.5)	0	0.40 (0.19, 0.86)	0.0123
Fatigue	15 (21.4)	0	6 (8.7)	0	0.33 (0.13, 0.87)	0.0155
Pyrexia	4 (5.7)	0	14 (20.3)	0	2.90 (0.94, 8.92)	0.0681
Nasopharyngitis	11 (15.7)	0	6 (8.7)	0	0.28 (0.10, 0.77)	0.0085
Oedema Peripheral	4 (5.7)	0	9 (13.0)	0	1.84 (0.56, 6.12)	0.4086
Skin Infection	5 (7.1)	1 (1.4)	3 (4.3)	0	0.44 (0.10, 1.87)	0.1874
Urinary Tract Infection	4 (5.7)	0	4 (5.8)	0	0.82 (0.20, 3.39)	0.7168
Oral Candidiasis	1 (1.4)	0	6 (8.7)	0	2.78 (0.32, 24.27)	0.3829
Chills	4 (5.7)	0	2 (2.9)	0	0.46 (0.08, 2.56)	0.3405
Rhinitis	2 (2.9)	0	4 (5.8)	0	3.42 (0.38, 31.08)	0.2919
Folliculitis	1 (1.4)	0	4 (5.8)	0	2.29 (0.24, 22.01)	0.5719
Cystitis	4 (5.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Herpes Simplex	0	0	4 (5.8)	2 (2.9)	Not Estimated Appropriately due to Short Number of Events	-
Gastrointestinal Disorders	52 (74.3)	3 (4.3)	29 (42.0)	1 (1.4)	0.29 (0.18, 0.48)	< .0001
Diarrhoea	36 (51.4)	1 (1.4)	10 (14.5)	0	0.16 (0.08, 0.32)	< .0001
Nausea	26 (37.1)	0	7 (10.1)	0	0.21 (0.09, 0.49)	< .0001
Constipation	9 (12.9)	1 (1.4)	9 (13.0)	1 (1.4)	0.91 (0.36, 2.33)	0.6246
Abdominal Pain	8 (11.4)	0	2 (2.9)	0	0.19 (0.04, 0.90)	0.0274
Dry Mouth	8 (11.4)	0	2 (2.9)	0	0.21 (0.04, 1.05)	0.0287
Abdominal Pain Upper	7 (10.0)	1 (1.4)	0	0	Not Estimated Appropriately due to Short Number of Events	-
Vomiting	5 (7.1)	0	2 (2.9)	0	0.40 (0.08, 2.07)	0.2548
Dyspepsia	5 (7.1)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Skin and Subcutaneous Tissue Disorders	26 (37.1)	7 (10.0)	32 (46.4)	3 (4.3)	0.93 (0.55, 1.58)	0.7846
Alopecia	10 (14.3)	0	4 (5.8)	0	0.24 (0.07, 0.80)	0.0144
Drug Eruption	0	0	14 (20.3)	2 (2.9)	Not Estimated Appropriately due to Short Number of Events	-
Pain Of Skin	4 (5.7)	1 (1.4)	2 (2.9)	0	0.41 (0.07, 2.30)	0.4056

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covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Region : Europe

	Vorinostat N=70		Mogamulizumab N=69		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Urticaria	0	0	4 (5.8)	0	Not Estimated Appropriately due to Short Number of Events	-
Nervous System Disorders	37 (52.9)	3 (4.3)	19 (27.5)	0	0.28 (0.16, 0.51)	< .0001
Dysgeusia	17 (24.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Headache	11 (15.7)	0	5 (7.2)	0	0.36 (0.12, 1.05)	0.0618
Paraesthesia	11 (15.7)	0	2 (2.9)	0	0.10 (0.02, 0.49)	0.0021
Hypoaesthesia	5 (7.1)	0	4 (5.8)	0	0.48 (0.13, 1.85)	0.3082
Dizziness	6 (8.6)	0	2 (2.9)	0	0.14 (0.02, 0.78)	0.0273
Musculoskeletal and Connective Tissue Disorders	25 (35.7)	2 (2.9)	25 (36.2)	1 (1.4)	0.76 (0.43, 1.34)	0.2410
Muscle Spasms	15 (21.4)	2 (2.9)	3 (4.3)	0	0.16 (0.05, 0.56)	0.0018
Arthralgia	4 (5.7)	0	5 (7.2)	0	1.00 (0.26, 3.82)	0.8870
Back Pain	3 (4.3)	0	6 (8.7)	0	1.65 (0.40, 6.82)	0.6172
Myalgia	3 (4.3)	0	6 (8.7)	0	2.15 (0.53, 8.74)	0.4316
Muscular Weakness	4 (5.7)	0	2 (2.9)	0	0.37 (0.06, 2.14)	0.1026
Pain In Extremity	2 (2.9)	0	4 (5.8)	0	1.50 (0.27, 8.46)	0.5479
Investigations	28 (40.0)	4 (5.7)	19 (27.5)	3 (4.3)	0.43 (0.24, 0.79)	0.0032
Blood Creatinine Increased	14 (20.0)	0	3 (4.3)	0	0.15 (0.04, 0.53)	0.0008
Weight Decreased	10 (14.3)	0	2 (2.9)	0	0.12 (0.03, 0.58)	0.0014
Weight Increased	1 (1.4)	0	8 (11.6)	1 (1.4)	5.29 (0.65, 43.07)	0.1012
Platelet Count Decreased	4 (5.7)	0	1 (1.4)	0	0.24 (0.03, 2.16)	0.1704
Blood and Lymphatic System Disorders	24 (34.3)	5 (7.1)	16 (23.2)	0	0.43 (0.23, 0.83)	0.0145
Thrombocytopenia	17 (24.3)	2 (2.9)	6 (8.7)	0	0.25 (0.10, 0.66)	0.0026
Anaemia	7 (10.0)	2 (2.9)	6 (8.7)	0	0.63 (0.20, 1.92)	0.3740
Metabolism and Nutrition Disorders	21 (30.0)	5 (7.1)	11 (15.9)	3 (4.3)	0.38 (0.18, 0.80)	0.0063
Decreased Appetite	13 (18.6)	0	2 (2.9)	2 (2.9)	0.12 (0.03, 0.54)	0.0005
Hyperkalaemia	5 (7.1)	1 (1.4)	2 (2.9)	0	0.31 (0.06, 1.60)	0.1525
Respiratory, Thoracic and Mediastinal Disorders	9 (12.9)	3 (4.3)	19 (27.5)	3 (4.3)	1.73 (0.77, 3.87)	0.2490
Cough	4 (5.7)	0	6 (8.7)	0	0.91 (0.25, 3.36)	0.7882
Eye Disorders	12 (17.1)	0	15 (21.7)	2 (2.9)	0.75 (0.34, 1.66)	0.7599
Vision Blurred	4 (5.7)	0	4 (5.8)	0	0.65 (0.16, 2.65)	0.6324
Dry Eye	4 (5.7)	0	2 (2.9)	0	0.31 (0.05, 1.82)	0.4148

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a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Region : Europe

	Vorinostat N=70		Mogamulizumab N=69		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Conjunctivitis	1 (1.4)	0	4 (5.8)	0	2.59 (0.28, 24.16)	0.4713
Vascular Disorders	16 (22.9)	8 (11.4)	10 (14.5)	4 (5.8)	0.48 (0.21, 1.07)	0.0737
Hypertension	12 (17.1)	7 (10.0)	5 (7.2)	4 (5.8)	0.33 (0.11, 0.96)	0.0255
Injury, Poisoning and Procedural Complications	6 (8.6)	0	19 (27.5)	1 (1.4)	3.01 (1.19, 7.60)	0.0074
Psychiatric Disorders	14 (20.0)	2 (2.9)	11 (15.9)	1 (1.4)	0.55 (0.24, 1.25)	0.1592
Infusion Related Reaction	1 (1.4)	0	14 (20.3)	0	13.58 (1.78, 103.55)	0.0003
Insomnia	7 (10.0)	0	5 (7.2)	0	0.50 (0.15, 1.63)	0.3979
Renal and Urinary Disorders	14 (20.0)	2 (2.9)	4 (5.8)	1 (1.4)	0.20 (0.06, 0.63)	0.0036
Renal Failure	5 (7.1)	0	1 (1.4)	1 (1.4)	0.17 (0.02, 1.52)	0.0987
Cardiac Disorders	6 (8.6)	1 (1.4)	6 (8.7)	2 (2.9)	0.60 (0.19, 1.96)	0.3427
Neoplasms Benign, Malignant and Unspecified (Incl Cysts and Polyps)	5 (7.1)	3 (4.3)	6 (8.7)	1 (1.4)	0.60 (0.17, 2.11)	0.3346
Ear and Labyrinth Disorders	2 (2.9)	0	4 (5.8)	0	1.61 (0.29, 9.01)	0.6532
Endocrine Disorders	1 (1.4)	0	5 (7.2)	0	2.82 (0.30, 26.74)	0.3655
Hepatobiliary Disorders	2 (2.9)	1 (1.4)	4 (5.8)	2 (2.9)	1.61 (0.28, 9.22)	0.6744
Immune System Disorders	0	0	4 (5.8)	0	Not Estimated Appropriately due to Short Number of Events	-

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Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Region : Japan

	Vorinostat N=6		Mogamulizumab N=9		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Subjects with any TEAE	6 (100)	2 (33.3)	9 (100)	3 (33.3)	0.68 (0.19, 2.49)	0.4907
General Disorders and Administration Site Conditions	5 (83.3)	0	5 (55.6)	0	1.04 (0.26, 4.17)	0.8069
Fatigue	3 (50.0)	0	1 (11.1)	0	0.20 (0.02, 2.35)	0.2953
Pyrexia	0	0	4 (44.4)	0	Not Estimated Appropriately due to Short Number of Events	-
Malaise	2 (33.3)	0	1 (11.1)	0	0.35 (0.03, 3.90)	0.3641
Axillary Pain	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Mucosal Inflammation	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Oedema Peripheral	1 (16.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Gastrointestinal Disorders	5 (83.3)	0	4 (44.4)	1 (11.1)	0.24 (0.05, 1.10)	0.1043
Constipation	3 (50.0)	0	2 (22.2)	0	0.46 (0.07, 2.80)	0.4135
Diarrhoea	3 (50.0)	0	2 (22.2)	0	0.14 (0.01, 1.61)	0.1805
Nausea	2 (33.3)	0	1 (11.1)	0	0.32 (0.03, 3.61)	0.3352
Abdominal Discomfort	1 (16.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Dry Mouth	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Mouth Ulceration	0	0	1 (11.1)	1 (11.1)	Not Estimated Appropriately due to Short Number of Events	-
Stomatitis	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Investigations	6 (100)	0	2 (22.2)	0	Not Estimated Appropriately due to Short Number of Events	-
Platelet Count Decreased	5 (83.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Alanine Aminotransferase Increased	3 (50.0)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Aspartate Aminotransferase Increased	3 (50.0)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Blood Creatinine Increased	3 (50.0)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Blood Glucose Increased	1 (16.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Blood Thyroid Stimulating Hormone Increased	1 (16.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Blood Urea Increased	1 (16.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-

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a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Region : Japan

	Vorinostat N=6		Mogamulizumab N=9		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Fibrin D Dimer Increased	1 (16.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Glucose Urine Present	1 (16.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Glycosylated Haemoglobin Increased	1 (16.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Intraocular Pressure Increased	1 (16.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Neutrophil Count Decreased	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Weight Decreased	1 (16.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Weight Increased	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
White Blood Cell Count Decreased	1 (16.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Skin and Subcutaneous Tissue Disorders	3 (50.0)	0	4 (44.4)	1 (11.1)	0.60 (0.10, 3.47)	0.8514
Alopecia	2 (33.3)	0	1 (11.1)	0	0.14 (0.01, 2.47)	0.2649
Drug Eruption	0	0	3 (33.3)	1 (11.1)	Not Estimated Appropriately due to Short Number of Events	-
Dermatitis Contact	0	0	2 (22.2)	0	Not Estimated Appropriately due to Short Number of Events	-
Hyperkeratosis	1 (16.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Vitiligo	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Injury, Poisoning and Procedural Complications	1 (16.7)	0	4 (44.4)	0	1.46 (0.12, 17.35)	0.9486
Metabolism and Nutrition Disorders	3 (50.0)	1 (16.7)	2 (22.2)	0	0.21 (0.02, 2.08)	0.0315
Nervous System Disorders	3 (50.0)	0	2 (22.2)	0	0.41 (0.06, 2.75)	0.4650
Infusion Related Reaction	0	0	3 (33.3)	0	Not Estimated Appropriately due to Short Number of Events	-
Decreased Appetite	2 (33.3)	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Hyperglycaemia	2 (33.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Dysgeusia	2 (33.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Headache	0	0	2 (22.2)	0	Not Estimated Appropriately due to Short Number of Events	-
Fall	1 (16.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-

Hazard ratio is based on time to adverse event of interest SOC and PT.
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For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.
Datacut:31Dec2016

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Region : Japan

	Vorinostat N=6		Mogamulizumab N=9		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Laceration	1 (16.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Muscle Injury	0	0	1 (11.1)	0	1.00 (0.00, -)	-
Hyperuricaemia	0	0	1 (11.1)	0	1.00 (0.00, -)	-
Hypophosphataemia	1 (16.7)	1 (16.7)	0	0	Not Estimated Appropriately due to Short Number of Events	-
Dizziness	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Dysaesthesia	1 (16.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Neuralgia	1 (16.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Infections and Infestations	0	0	4 (44.4)	1 (11.1)	Not Estimated Appropriately due to Short Number of Events	-
Musculoskeletal and Connective Tissue Disorders	0	0	4 (44.4)	0	Not Estimated Appropriately due to Short Number of Events	-
Nasopharyngitis	0	0	2 (22.2)	0	Not Estimated Appropriately due to Short Number of Events	-
Hordeolum	0	0	1 (11.1)	0	1.00 (0.00, -)	-
Otitis Externa	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Sepsis	0	0	1 (11.1)	1 (11.1)	Not Estimated Appropriately due to Short Number of Events	-
Skin Infection	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Upper Respiratory Tract Infection	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Arthralgia	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Back Pain	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Groin Pain	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Musculoskeletal Pain	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Psychiatric Disorders	1 (16.7)	0	2 (22.2)	0	0.76 (0.05, 12.57)	0.7505
Renal and Urinary Disorders	1 (16.7)	0	2 (22.2)	0	Not Estimated Appropriately due to Short Number of Events	-
Anxiety	1 (16.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Delirium	0	0	1 (11.1)	0	1.00 (0.00, -)	-
Insomnia	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-

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In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
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** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Region : Japan

	Vorinostat N=6		Mogamulizumab N=9		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Haematuria	0	0	1 (11.1)	0	0.99 (0.00, -)	-
Proteinuria	0	0	1 (11.1)	0	0.99 (0.00, -)	-
Renal Failure Acute	0	0	1 (11.1)	0	1.00 (0.00, -)	-
Renal Impairment	1 (16.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Blood and Lymphatic System Disorders	1 (16.7)	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Vascular Disorders	1 (16.7)	1 (16.7)	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Anaemia	1 (16.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Pancytopenia	0	0	1 (11.1)	0	1.04 (0.00, -)	-
Flushing	0	0	1 (11.1)	0	1.04 (0.00, -)	-
Hypertension	1 (16.7)	1 (16.7)	0	0	Not Estimated Appropriately due to Short Number of Events	-
Ear and Labyrinth Disorders	1 (16.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Vertigo	1 (16.7)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Endocrine Disorders	0	0	1 (11.1)	0	1.00 (0.00, -)	-
Hypothyroidism	0	0	1 (11.1)	0	1.00 (0.00, -)	-
Neoplasms Benign, Malignant and Unspecified (Incl Cysts and Polyps)	0	0	1 (11.1)	1 (11.1)	Not Estimated Appropriately due to Short Number of Events	-
Ovarian Cancer	0	0	1 (11.1)	1 (11.1)	Not Estimated Appropriately due to Short Number of Events	-
Respiratory, Thoracic and Mediastinal Disorders	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Oropharyngeal Pain	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-

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In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
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2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Region : Australia

	Vorinostat N=7		Mogamulizumab N=9		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Subjects with any TEAE	7 (100)	6 (85.7)	9 (100)	3 (33.3)	0.31 (0.09, 1.11)	0.1477
Gastrointestinal Disorders	6 (85.7)	2 (28.6)	6 (66.7)	1 (11.1)	0.14 (0.02, 0.81)	0.1064
Diarrhoea	4 (57.1)	1 (14.3)	4 (44.4)	1 (11.1)	0.23 (0.04, 1.35)	0.2344
Nausea	5 (71.4)	0	2 (22.2)	1 (11.1)	0.18 (0.03, 1.05)	0.1057
Constipation	3 (42.9)	1 (14.3)	1 (11.1)	0	0.30 (0.03, 3.20)	0.3166
Vomiting	2 (28.6)	0	2 (22.2)	0	0.33 (0.03, 3.81)	0.4609
Gastrooesophageal Reflux Disease	0	0	2 (22.2)	0	Not Estimated Appropriately due to Short Number of Events	-
Abdominal Distension	0	0	1 (11.1)	0	1.00 (0.00, -)	-
Abdominal Pain	0	0	1 (11.1)	0	1.00 (0.00, -)	-
Dysphagia	0	0	1 (11.1)	0	1.00 (0.00, -)	-
Haemorrhoidal Haemorrhage	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Retching	0	0	1 (11.1)	0	1.00 (0.00, -)	-
Stomatitis	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Infections and Infestations	5 (71.4)	3 (42.9)	6 (66.7)	2 (22.2)	0.66 (0.18, 2.34)	0.8099
Cellulitis	2 (28.6)	2 (28.6)	0	0	Not Estimated Appropriately due to Short Number of Events	-
Folliculitis	0	0	2 (22.2)	0	Not Estimated Appropriately due to Short Number of Events	-
Gastroenteritis	2 (28.6)	1 (14.3)	0	0	Not Estimated Appropriately due to Short Number of Events	-
Upper Respiratory Tract Infection	1 (14.3)	1 (14.3)	1 (11.1)	0	0.79 (0.05, 13.53)	0.9219
Ear Infection	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Enterococcal Infection	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Eye Infection	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Infection	0	0	1 (11.1)	1 (11.1)	Not Estimated Appropriately due to Short Number of Events	-
Influenza	1 (14.3)	1 (14.3)	0	0	Not Estimated Appropriately due to Short Number of Events	-
Lower Respiratory Tract Infection	0	0	1 (11.1)	1 (11.1)	Not Estimated Appropriately due to Short Number of Events	-
Nasopharyngitis	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Oral Candidiasis	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-

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** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Region : Australia

	Vorinostat N=7		Mogamulizumab N=9		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Postoperative Wound Infection	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Rash Pustular	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Skin Infection	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Staphylococcal Infection	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Urinary Tract Infection	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
General Disorders and Administration Site Conditions	4 (57.1)	3 (42.9)	6 (66.7)	1 (11.1)	1.05 (0.26, 4.15)	0.8868
Fatigue	2 (28.6)	2 (28.6)	3 (33.3)	1 (11.1)	0.83 (0.12, 5.78)	0.7863
Oedema Peripheral	0	0	3 (33.3)	0	Not Estimated Appropriately due to Short Number of Events	-
Disease Progression	1 (14.3)	1 (14.3)	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Pyrexia	1 (14.3)	0	1 (11.1)	0	0.91 (0.05, 15.88)	0.9710
Face Oedema	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Influenza Like Illness	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Mucosal Inflammation	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Nervous System Disorders	5 (71.4)	1 (14.3)	4 (44.4)	0	0.37 (0.09, 1.58)	0.1745
Dysgeusia	3 (42.9)	0	2 (22.2)	0	0.51 (0.08, 3.11)	0.4845
Dizziness	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Headache	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Lethargy	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Paraesthesia	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Syncope	1 (14.3)	1 (14.3)	0	0	Not Estimated Appropriately due to Short Number of Events	-
Tension Headache	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Viith Nerve Paralysis	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Metabolism and Nutrition Disorders	4 (57.1)	2 (28.6)	4 (44.4)	1 (11.1)	0.66 (0.16, 2.82)	0.8922
Skin and Subcutaneous Tissue Disorders	3 (42.9)	0	5 (55.6)	1 (11.1)	2.43 (0.40, 14.87)	0.4484

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Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Region : Australia

	Vorinostat N=7		Mogamulizumab N=9		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Decreased Appetite	2 (28.6)	1 (14.3)	3 (33.3)	0	1.15 (0.19, 7.05)	0.9481
Hypokalaemia	3 (42.9)	1 (14.3)	0	0	Not Estimated Appropriately due to Short Number of Events	-
Dehydration	1 (14.3)	0	1 (11.1)	1 (11.1)	0.42 (0.02, 8.07)	0.8575
Alopecia	2 (28.6)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Hypercalcaemia	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Hyperglycaemia	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Hyperkalaemia	0	0	1 (11.1)	0	1.00 (0.00, -)	-
Hyperuricaemia	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Hypomagnesaemia	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Hypophosphataemia	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Dermatitis Allergic	0	0	1 (11.1)	0	0.99 (0.00, -)	-
Dermatitis Contact	0	0	1 (11.1)	0	1.00 (0.00, -)	-
Dermatitis Exfoliative	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Drug Eruption	0	0	1 (11.1)	1 (11.1)	Not Estimated Appropriately due to Short Number of Events	-
Dry Skin	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Pain Of Skin	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Petechiae	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Poikiloderma	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Pruritus	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Skin Lesion	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Skin Plaque	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Investigations	4 (57.1)	0	3 (33.3)	0	0.30 (0.05, 1.70)	0.1795
Weight Decreased	3 (42.9)	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Blood Creatinine Increased	3 (42.9)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-

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a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Region : Australia

	Vorinostat N=7		Mogamulizumab N=9		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Eastern Cooperative Oncology Group Performance Status Worsened	2 (28.6)	0	1 (11.1)	0	0.34 (0.03, 4.44)	0.5019
International Normalised Ratio Increased	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Platelet Count Decreased	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Respiratory, Thoracic and Mediastinal Disorders	3 (42.9)	0	3 (33.3)	1 (11.1)	0.74 (0.14, 3.85)	0.5272
Oropharyngeal Pain	0	0	3 (33.3)	1 (11.1)	Not Estimated Appropriately due to Short Number of Events	-
Dyspnoea Exertional	1 (14.3)	0	1 (11.1)	0	0.86 (0.05, 14.45)	0.9710
Asthma	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Cough	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Haemoptysis	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Pneumonitis	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Musculoskeletal and Connective Tissue Disorders	3 (42.9)	2 (28.6)	2 (22.2)	0	0.21 (0.02, 2.30)	0.2991
Muscle Spasms	2 (28.6)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Pain In Extremity	1 (14.3)	1 (14.3)	1 (11.1)	0	0.86 (0.05, 15.40)	0.9710
Arthralgia	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Back Pain	0	0	1 (11.1)	0	1.00 (0.00, -)	-
Myalgia	1 (14.3)	1 (14.3)	0	0	Not Estimated Appropriately due to Short Number of Events	-
Polymyalgia Rheumatica	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Renal and Urinary Disorders	2 (28.6)	0	2 (22.2)	1 (11.1)	0.35 (0.03, 3.92)	0.4073
Renal Failure Chronic	2 (28.6)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Dysuria	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Proteinuria	0	0	1 (11.1)	0	1.00 (0.00, -)	-
Renal Failure Acute	0	0	1 (11.1)	1 (11.1)	Not Estimated Appropriately due to Short Number of Events	-
Urinary Retention	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Region : Australia

	Vorinostat N=7		Mogamulizumab N=9		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Blood and Lymphatic System Disorders	3 (42.9)	3 (42.9)	0	0	Not Estimated Appropriately due to Short Number of Events	-
Thrombocytopenia	3 (42.9)	3 (42.9)	0	0	Not Estimated Appropriately due to Short Number of Events	-
Psychiatric Disorders	2 (28.6)	0	1 (11.1)	0	0.40 (0.03, 5.25)	0.5373
Depression	1 (14.3)	0	1 (11.1)	0	0.77 (0.04, 13.51)	0.8638
Anxiety	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Delirium	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Insomnia	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Eye Disorders	2 (28.6)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Neoplasms Benign, Malignant and Unspecified (Incl Cysts and Polyps)	0	0	2 (22.2)	0	Not Estimated Appropriately due to Short Number of Events	-
Vascular Disorders	2 (28.6)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Dry Eye	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Lacrimation Increased	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Basal Cell Carcinoma	0	0	1 (11.1)	0	1.00 (0.00, -)	-
Squamous Cell Carcinoma	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Capillary Leak Syndrome	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Hypertension	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Hypotension	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Cardiac Disorders	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Supraventricular Tachycardia	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Ear and Labyrinth Disorders	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Auricular Perichondritis	1 (14.3)	0	0	0	Not Estimated Appropriately due to Short Number of Events	-
Endocrine Disorders	0	0	1 (11.1)	0	1.00 (0.00, -)	-
Hypothyroidism	0	0	1 (11.1)	0	1.00 (0.00, -)	-

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Treatment-emergent Adverse Events Reported by ≥ 5% of Subjects in Either Treatment Group
During Randomized Treatment by System Organ Class and Preferred Term
Safety Analysis Set
Region : Australia

	Vorinostat N=7		Mogamulizumab N=9		Treatment Comparison based on All Grades KW-0761 vs. Vorinostat**	
System Organ Class Preferred Term[a]	All Grades n(%)	Grades>=3 n(%)	All Grades n(%)	Grades>=3 n(%)	Hazard Ratio (95% CI)	Log rank p-value
Injury, Poisoning and Procedural Complications	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Contusion	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Fall	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-
Infusion Related Reaction	0	0	1 (11.1)	0	Not Estimated Appropriately due to Short Number of Events	-

Hazard ratio is based on time to adverse event of interest SOC and PT.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event.
In the case that the same SOC/PT happened two times or more within a single subject, the first event is used.
For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment;
2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as
covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently
two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
a: MedDRA Version 15.1 was used for coding.

Cox Model to Test for Interaction Between Treatment and Variable of Interest
Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period
Safety Analysis Set

Interaction Term	p-value
Treatment Plan X Gender(F vs M)	0.1945
Treatment Plan X Age Group(>= 65 years vs < 65 years)	0.3495
Treatment Plan X Disease Type(SS vs MF)	0.4672
Treatment Plan X Disease Stage(III/IV vs IB/II)	0.7440
Treatment Plan X Blood Involvement(Yes vs No)	0.9173
Treatment Plan X Region 1(Europe vs US)	0.2132
Treatment Plan X Region 2(Europe vs Rest of World)	0.5112

Note: The covariates in the Cox proportional hazards model include the specified variable, treatment, disease type, disease stage, region and interaction between treatment and the specified variable. The p-value is obtained from Wald-test. For Treatment Plan * Region 1, the analysis set exludes subjects in Rest of World. For Treatment Plan * Region 2, the analysis set excludes subjects in US.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.

Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Gender (Male,Female)
Safety Analysis Set

	Female		Male	
	Vorinostat N=79	KW-0761 N=77	Vorinostat N=107	KW-0761 N=107
Number of Subjects with Event (n, %)	38 (48.1)	29 (37.7)	46 (43.0)	49 (45.8)
Number of Subjects Censored (n, %)	41 (51.9)	48 (62.3)	61 (57.0)	58 (54.2)
Time to Event (months)				
Kaplan-Meier Estimate of Time to Event				
Q1	0.8	2.9	1.4	3.2
Median (95% CI)*	3.27 (2.23, -)	-	5.67 (3.77, -)	10.73 (6.50,20.63)
Q3	-	-	-	29.8
Mean	2.85	6.08	3.95	6.83
Std Dev	3.498	5.826	5.119	6.353
Median	1.93	3.93	2.80	5.37
Minimum	0.0	0.0	0.0	0.0
Maximum	18.4	21.3	39.6	29.8
------ Treatment Comparison ------				
KW-0761 vs. Vorinostat**				
Hazard Ratio (95% CI)		0.54 (0.33, 0.88)		0.72 (0.47, 1.09)
Log rank p-value		0.0165		0.0615

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Gender (Male,Female)
Safety Analysis Set

	Female		Male	
	Vorinostat N=79	KW-0761 N=77	Vorinostat N=107	KW-0761 N=107
Rate (%) of without Event for at Least***				
6 Months (95% CI)	43.6 (29.7, 56.7)	59.0 (45.4, 70.3)	49.8 (37.6, 60.7)	65.4 (54.9, 74.0)
12 Months (95% CI)	37.4 (21.5, 53.2)	52.7 (37.9, 65.5)	46.8 (34.2, 58.5)	46.0 (33.6, 57.5)
18 Months (95% CI)	37.4 (21.5, 53.2)	52.7 (37.9, 65.5)	46.8 (34.2, 58.5)	46.0 (33.6, 57.5)
24 Months (95% CI)			46.8 (34.2, 58.5)	28.6 (12.8, 46.6)
30 Months (95% CI)			46.8 (34.2, 58.5)	-
36 Months (95% CI)			46.8 (34.2, 58.5)	-

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Age (<65,>=65)
Safety Analysis Set

	<65 Years		>=65 Years	
	Vorinostat N=89	KW-0761 N=99	Vorinostat N=97	KW-0761 N=85
Number of Subjects with Event (n, %)	35 (39.3)	40 (40.4)	49 (50.5)	38 (44.7)
Number of Subjects Censored (n, %)	54 (60.7)	59 (59.6)	48 (49.5)	47 (55.3)
Time to Event (months)				
Kaplan-Meier Estimate of Time to Event				
Q1	1.9	3.2	0.6	2.9
Median (95% CI)*	6.13 (3.27, -)	18.70 (6.53, -)	3.77 (1.93, -)	9.20 (5.87,29.77)
Q3	-	-	-	29.8
Mean	3.78	6.41	3.21	6.65
Std Dev	5.086	5.691	3.948	6.642
Median	2.53	4.80	2.13	4.47
Minimum	0.1	0.0	0.0	0.0
Maximum	39.6	21.3	22.4	29.8
------ Treatment Comparison ------				
KW-0761 vs. Vorinostat**				
Hazard Ratio (95% CI)		0.72 (0.45, 1.14)		0.59 (0.38, 0.92)
Log rank p-value		0.2843		0.0154

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Age (<65,>=65)
Safety Analysis Set

	<65 Years		>=65 Years	
	Vorinostat N=89	KW-0761 N=99	Vorinostat N=97	KW-0761 N=85
Rate (%) of without Event for at Least***				
6 Months (95% CI)	53.0 (39.1, 65.1)	64.1 (52.9, 73.3)	42.5 (30.6, 53.9)	62.0 (49.8, 72.1)
12 Months (95% CI)	49.2 (34.5, 62.3)	54.0 (41.4, 65.1)	37.8 (24.4, 51.1)	42.7 (28.7, 55.9)
18 Months (95% CI)	49.2 (34.5, 62.3)	54.0 (41.4, 65.1)	37.8 (24.4, 51.1)	42.7 (28.7, 55.9)
24 Months (95% CI)	49.2 (34.5, 62.3)	-	-	42.7 (28.7, 55.9)
30 Months (95% CI)	49.2 (34.5, 62.3)	-		
36 Months (95% CI)	49.2 (34.5, 62.3)	-		

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Disease Type (MF,SS)
Safety Analysis Set

	MF		SS	
	Vorinostat N=99	KW-0761 N=105	Vorinostat N=87	KW-0761 N=79
Number of Subjects with Event (n, %)	42 (42.4)	42 (40.0)	42 (48.3)	36 (45.6)
Number of Subjects Censored (n, %)	57 (57.6)	63 (60.0)	45 (51.7)	43 (54.4)
Time to Event (months)				
Kaplan-Meier Estimate of Time to Event				
Q1	1.0	3.2	0.9	2.9
Median (95% CI)*	-	19.93 (5.87,20.63)	4.63 (2.53, 8.43)	10.73 (6.07,29.77)
Q3	-	20.6	-	29.8
Mean	3.80	5.58	3.13	7.77
Std Dev	5.362	5.035	3.323	7.187
Median	2.37	3.93	2.37	5.60
Minimum	0.1	0.0	0.0	0.0
Maximum	39.6	20.6	18.4	29.8
------ Treatment Comparison ------				
KW-0761 vs. Vorinostat**				
Hazard Ratio (95% CI)		0.72 (0.47, 1.11)		0.54 (0.34, 0.86)
Log rank p-value		0.1163		0.0103

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Disease Type (MF,SS)
Safety Analysis Set

	MF		SS	
	Vorinostat N=99	KW-0761 N=105	Vorinostat N=87	KW-0761 N=79
Rate (%) of without Event for at Least***				
6 Months (95% CI)	50.4 (38.3, 61.3)	60.3 (48.9, 69.9)	43.5 (29.7, 56.5)	66.0 (53.8, 75.7)
12 Months (95% CI)	50.4 (38.3, 61.3)	50.9 (37.8, 62.5)	33.6 (18.3, 49.6)	47.1 (33.4, 59.6)
18 Months (95% CI)	50.4 (38.3, 61.3)	50.9 (37.8, 62.5)	33.6 (18.3, 49.6)	47.1 (33.4, 59.6)
24 Months (95% CI)	50.4 (38.3, 61.3)	-	-	41.8 (26.6, 56.4)
30 Months (95% CI)	50.4 (38.3, 61.3)	-		
36 Months (95% CI)	50.4 (38.3, 61.3)	-		

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source: adsl.sas7bdat adtteae.sas7bdat Program source: CVD_AE_Sub_DT.sas Data cut-off date: 31-Dec-2016

Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Disease Stage (IB/II)
Safety Analysis Set

	Stages IB/II		Stages III/IV	
	Vorinostat N=72	KW-0761 N=68	Vorinostat N=114	KW-0761 N=116
Number of Subjects with Event (n, %)	31 (43.1)	24 (35.3)	53 (46.5)	54 (46.6)
Number of Subjects Censored (n, %)	41 (56.9)	44 (64.7)	61 (53.5)	62 (53.4)
Time to Event (months)				
Kaplan-Meier Estimate of Time to Event				
Q1	0.6	3.7	1.3	2.9
Median (95% CI)*	-	19.93 (6.10,20.63)	4.27 (2.97, -)	9.20 (6.03,29.77)
Q3	-	20.6	-	29.8
Mean	3.93	5.57	3.20	7.08
Std Dev	6.151	5.005	3.089	6.664
Median	2.18	4.07	2.42	4.75
Minimum	0.1	0.0	0.0	0.0
Maximum	39.6	20.6	18.4	29.8
------ Treatment Comparison ------				
KW-0761 vs. Vorinostat**				
Hazard Ratio (95% CI)		0.60 (0.35, 1.04)		0.62 (0.42, 0.92)
Log rank p-value		0.0719		0.0225

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Disease Stage (IB/II)
Safety Analysis Set

	Stages IB/II		Stages III/IV	
	Vorinostat N=72	KW-0761 N=68	Vorinostat N=114	KW-0761 N=116
Rate (%) of without Event for at Least***				
6 Months (95% CI)	51.3 (37.3, 63.6)	66.7 (52.7, 77.3)	44.9 (33.0, 56.2)	61.3 (51.1, 70.0)
12 Months (95% CI)	51.3 (37.3, 63.6)	60.7 (45.6, 72.8)	36.5 (22.4, 50.7)	43.8 (32.4, 54.6)
18 Months (95% CI)	51.3 (37.3, 63.6)	60.7 (45.6, 72.8)	36.5 (22.4, 50.7)	43.8 (32.4, 54.6)
24 Months (95% CI)	51.3 (37.3, 63.6)	-	-	39.4 (26.6, 52.1)
30 Months (95% CI)	51.3 (37.3, 63.6)	-		
36 Months (95% CI)	51.3 (37.3, 63.6)	-		

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source: adsl.sas7bdat adtteae.sas7bdat Program source: CVD_AE_Sub_DS.sas Data cut-off date: 31-Dec-2016

Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Blood Involvement (Yes,No)
Safety Analysis Set

	--------Blood Involvement No--------		--------Blood Involvement Yes--------	
	Vorinostat N=62	KW-0761 N=63	Vorinostat N=122	KW-0761 N=121
Number of Subjects with Event (n, %)	25 (40.3)	20 (31.7)	59 (48.4)	58 (47.9)
Number of Subjects Censored (n, %)	37 (59.7)	43 (68.3)	63 (51.6)	63 (52.1)
Time to Event (months)				
Kaplan-Meier Estimate of Time to Event				
Q1	1.0	4.8	1.0	2.5
Median (95% CI)*	-	19.93 (6.10,20.63)	4.27 (2.53, 8.43)	10.73 (6.03,29.77)
Q3	-	20.6	-	29.8
Mean	4.28	5.41	3.09	7.10
Std Dev	6.106	4.256	3.464	6.857
Median	2.37	4.70	2.37	4.40
Minimum	0.1	0.0	0.0	0.0
Maximum	39.6	20.6	22.4	29.8
------ Treatment Comparison ------				
KW-0761 vs. Vorinostat**				
Hazard Ratio (95% CI)		0.57 (0.31, 1.05)		0.64 (0.44, 0.94)
Log rank p-value		0.0612		0.0176

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Blood Involvement (Yes,No)
Safety Analysis Set

	--------Blood Involvement No--------		--------Blood Involvement Yes--------	
	Vorinostat N=62	KW-0761 N=63	Vorinostat N=122	KW-0761 N=121
Rate (%) of without Event for at Least***				
6 Months (95% CI)	53.1 (37.8, 66.3)	66.8 (50.7, 78.7)	43.1 (31.5, 54.1)	60.6 (50.8, 69.0)
12 Months (95% CI)	53.1 (37.8, 66.3)	59.7 (42.5, 73.3)	34.8 (21.2, 48.7)	44.9 (34.2, 55.1)
18 Months (95% CI)	53.1 (37.8, 66.3)	59.7 (42.5, 73.3)	34.8 (21.2, 48.7)	44.9 (34.2, 55.1)
24 Months (95% CI)	53.1 (37.8, 66.3)	-	-	40.8 (28.6, 52.7)
30 Months (95% CI)	53.1 (37.8, 66.3)	-		
36 Months (95% CI)	53.1 (37.8, 66.3)	-		

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source: adsl.sas7bdat adtteae.sas7bdat Program source: CVD_AE_Sub_BI.sas Data cut-off date: 31-Dec-2016

Summary of Time to Grade 3/4/5 Treatment Emergent Adverse Event (TEAE) During Randomized Treatment P

	Australia KW-0761 N=9	Vorinostat N=7
Number of Subjects with Event (n, %)	3 (33.3)	6 (85.7)
Number of Subjects Censored (n, %)	6 (66.7)	1 (14.3)
Time to Event (months) Kaplan-Meier Estimate of Time to Event		
Q1	2.8	0.3
Median (95% CI)*	-	1.83 (0.13, 8.43)
Q3	-	3.7
Mean	5.88	2.39
Std Dev	5.618	2.950
Median	3.77	1.83
Minimum	0.7	0.1
Maximum	17.7	8.4
Treatment Comparison KW-0761 vs. Vorinostat **		
Hazard Ratio (95% CI)	0.20 (0.05, 0.92)	
Log rank p-value	0.1178	
Rate (%) of without Event for at Least ***		
6 Months (95% CI)	66.7 (28.2, 87.8)	21.4 (1.2, 58.6)
12 Months (95% CI)	66.7 (28.2, 87.8)	-
18 Months (95% CI)		
24 Months (95% CI)		
30 Months (95% CI)		
36 Months (95% CI)		

Period by Region - Safety Analysis Set

Europe KW-0761 N=69	Vorinostat N=70	Japan KW-0761 N=9	Vorinostat N=6	U.S. KW-0761 N=97
26 (37.7)	33 (47.1)	3 (33.3)	2 (33.3)	46 (47.4)
43 (62.3)	37 (52.9)	6 (66.7)	4 (66.7)	51 (52.6)
4.4	1.2	4.9	0.7	2.8
20.63 (6.07, -)	4.27 (2.40, -)	-	-	9.20 (5.03,18.70)
-	-	-	-	29.8
7.38	3.78	7.91	4.93	5.83
6.620	4.486	6.811	5.829	5.738
5.13	2.48	6.53	2.45	3.80
0.0	0.0	0.4	0.5	0.0
27.5	22.4	20.6	15.4	29.8
0.52 (0.31, 0.89)		0.77 (0.12, 4.90)		0.79 (0.52, 1.21)
0.0156		0.7825		0.2039
67.6 (54.0, 77.9)	49.0 (35.3, 61.3)	75.0 (31.5, 93.1)	66.7 (19.5, 90.4)	58.1 (46.5, 68.1)
56.0 (41.4, 68.3)	44.5 (29.7, 58.3)	60.0 (19.5, 85.2)	66.7 (19.5, 90.4)	40.1 (26.6, 53.3)
56.0 (41.4, 68.3)	44.5 (29.7, 58.3)	60.0 (19.5, 85.2)	-	40.1 (26.6, 53.3)
44.8 (22.4, 65.1)	-			25.1 (9.3, 44.8)
				-
				-

Vorinostat N=103
43 (41.7)
60 (58.3)
1.0
5.67 (3.27, -)
-
3.27
4.586
2.37
0.0
39.6
46.5 (32.8, 59.1)
46.5 (32.8, 59.1)
46.5 (32.8, 59.1)
46.5 (32.8, 59.1)
46.5 (32.8, 59.1)
46.5 (32.8, 59.1)

Table 2.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Male			
	Number of subjects with events	8	2
	Number of subjects censored	99	105
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.21(0.04, 0.97)
	P-value based on log-rank test		0.0002
	Interaction test p-value		0.5598

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Female			
	Number of subjects with events	10	1
	Number of subjects censored	69	76
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.07(0.01, 0.57)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
Male			
	Number of subjects with events	6	0
	Number of subjects censored	101	107
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9999

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
Female			
	Number of subjects with events	7	0
	Number of subjects censored	72	77
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Male			
	Number of subjects with events	7	4
	Number of subjects censored	100	103
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.27(0.07, 1.01)
	P-value based on log-rank test		0.0004
	Interaction test p-value		0.9886

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Female			
	Number of subjects with events	10	0
	Number of subjects censored	69	77
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Male			
	Number of subjects with events	10	4
	Number of subjects censored	97	103
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.26(0.08, 0.87)
	P-value based on log-rank test		0.0206
	Interaction test p-value		0.6312

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Female			
	Number of subjects with events	7	4
	Number of subjects censored	72	73
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.46(0.13, 1.62)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
Male			
	Number of subjects with events	7	2
	Number of subjects censored	100	105
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.20(0.04, 1.01)
	P-value based on log-rank test		0.0204
	Interaction test p-value		0.9752

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
Female			
	Number of subjects with events	4	1
	Number of subjects censored	75	76
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.21(0.02, 1.89)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
<65 Years			
	Number of subjects with events	6	1
	Number of subjects censored	83	98
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.13(0.02, 1.08)
	P-value based on log-rank test		0.0002
	Interaction test p-value		0.9709

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
>=65 Years			
	Number of subjects with events	12	2
	Number of subjects censored	85	83
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.12(0.02, 0.55)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
<65 Years			
	Number of subjects with events	4	0
	Number of subjects censored	85	99
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9998

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
>=65 Years			
	Number of subjects with events	9	0
	Number of subjects censored	88	85
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
<65 Years			
	Number of subjects with events	5	3
	Number of subjects censored	84	96
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.32(0.07, 1.51)
	P-value based on log-rank test		0.0004
	Interaction test p-value		0.1951

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
>=65 Years			
	Number of subjects with events	12	1
	Number of subjects censored	85	84
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.08(0.01, 0.61)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
<65 Years			
	Number of subjects with events	6	5
	Number of subjects censored	83	94
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.50(0.15, 1.71)
	P-value based on log-rank test		0.0206
	Interaction test p-value		0.3734

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
>=65 Years			
	Number of subjects with events	11	3
	Number of subjects censored	86	82
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.24(0.07, 0.88)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
<65 Years			
	Number of subjects with events	4	2
	Number of subjects censored	85	97
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.35(0.06, 2.00)
	P-value based on log-rank test		0.0204
	Interaction test p-value		0.4682

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
>=65 Years			
	Number of subjects with events	7	1
	Number of subjects censored	90	84
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.12(0.01, 1.00)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Mycosis Fungoides (MF)			
	Number of subjects with events	5	1
	Number of subjects censored	94	104
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.16(0.02, 1.40)
	P-value based on log-rank test		0.0002
	Interaction test p-value		0.9135

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Sezary Syndrome (SS)			
	Number of subjects with events	13	2
	Number of subjects censored	74	77
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.11(0.02, 0.50)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
Mycosis Fungoides (MF)			
	Number of subjects with events	4	0
	Number of subjects censored	95	105
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9997

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
Sezary Syndrome (SS)			
	Number of subjects with events	9	0
	Number of subjects censored	78	79
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Mycosis Fungoides (MF)			
	Number of subjects with events	8	2
	Number of subjects censored	91	103
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.20(0.04, 0.96)
	P-value based on log-rank test		0.0004
	Interaction test p-value		0.9086

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Sezary Syndrome (SS)			
	Number of subjects with events	9	2
	Number of subjects censored	78	77
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.11(0.02, 0.58)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Mycosis Fungoides (MF)			
	Number of subjects with events	10	4
	Number of subjects censored	89	101
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.31(0.09, 1.00)
	P-value based on log-rank test		0.0206
	Interaction test p-value		0.6944

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Sezary Syndrome (SS)			
	Number of subjects with events	7	4
	Number of subjects censored	80	75
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.37(0.10, 1.35)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
Mycosis Fungoides (MF)			
	Number of subjects with events	6	2
	Number of subjects censored	93	103
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.26(0.05, 1.32)
	P-value based on log-rank test		0.0204
	Interaction test p-value		0.7348

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
Sezary Syndrome (SS)			
	Number of subjects with events	5	1
	Number of subjects censored	82	78
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.15(0.02, 1.32)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
IB/II			
	Number of subjects with events	3	0
	Number of subjects censored	69	68
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		0.0002
	Interaction test p-value		0.9909

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
III/IV			
	Number of subjects with events	15	3
	Number of subjects censored	99	113
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.14(0.04, 0.51)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
IB/II			
	Number of subjects with events	3	0
	Number of subjects censored	69	68
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9998

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
III/IV			
	Number of subjects with events	10	0
	Number of subjects censored	104	116
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
IB/II			
	Number of subjects with events	8	2
	Number of subjects censored	64	66
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.20(0.04, 0.96)
	P-value based on log-rank test		0.0004
	Interaction test p-value		0.8275

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
III/IV			
	Number of subjects with events	9	2
	Number of subjects censored	105	114
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.11(0.02, 0.58)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
IB/II			
	Number of subjects with events	8	4
	Number of subjects censored	64	64
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.45(0.13, 1.51)
	P-value based on log-rank test		0.0206
	Interaction test p-value		0.7714

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
III/IV			
	Number of subjects with events	9	4
	Number of subjects censored	105	112
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.26(0.07, 0.89)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
IB/II			
	Number of subjects with events	4	2
	Number of subjects censored	68	66
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.54(0.10, 2.97)
	P-value based on log-rank test		0.0204
	Interaction test p-value		0.3580

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
III/IV			
	Number of subjects with events	7	1
	Number of subjects censored	107	115
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.09(0.01, 0.77)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Yes			
	Number of subjects with events	15	3
	Number of subjects censored	107	118
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.12(0.03, 0.45)
	P-value based on log-rank test		0.0002
	Interaction test p-value		0.9914

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
No			
	Number of subjects with events	3	0
	Number of subjects censored	59	63
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
Yes			
	Number of subjects with events	11	0
	Number of subjects censored	111	121
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9996

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
No			
	Number of subjects with events	2	0
	Number of subjects censored	60	63
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Yes			
	Number of subjects with events	13	3
	Number of subjects censored	109	118
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.11(0.03, 0.44)
	P-value based on log-rank test		0.0004
	Interaction test p-value		0.7349

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
No			
	Number of subjects with events	4	1
	Number of subjects censored	58	62
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.25(0.03, 2.26)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Yes			
	Number of subjects with events	10	4
	Number of subjects censored	112	117
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.27(0.08, 0.91)
	P-value based on log-rank test		0.0198
	Interaction test p-value		0.5027

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
No			
	Number of subjects with events	7	4
	Number of subjects censored	55	59
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.52(0.15, 1.78)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
Yes			
	Number of subjects with events	5	1
	Number of subjects censored	117	120
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.15(0.02, 1.31)
	P-value based on log-rank test		0.0204
	Interaction test p-value		0.5338

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
No			
	Number of subjects with events	6	2
	Number of subjects censored	56	61
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.33(0.07, 1.64)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
US			
	Number of subjects with events	10	3
	Number of subjects censored	93	94
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.23(0.06, 0.86)
	P-value based on log-rank test		0.0002
	Interaction test p-value		1.0000

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Japan			
	Number of subjects with events	0	0
	Number of subjects censored	6	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Europe			
	Number of subjects with events	5	0
	Number of subjects censored	65	69
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Australia			
	Number of subjects with events	3	0
	Number of subjects censored	4	9
	Median time to events (95% CI)	8.43(0.50, 8.43)	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
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Table 2.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
US			
	Number of subjects with events	8	0
	Number of subjects censored	95	97
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		<.0001
	Interaction test p-value		1.0000

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Japan			
	Number of subjects with events	0	0
	Number of subjects censored	6	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
Europe			
	Number of subjects with events	2	0
	Number of subjects censored	68	69
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
Australia			
	Number of subjects with events	3	0
	Number of subjects censored	4	9
	Median time to events (95% CI)	8.43(0.50, 8.43)	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
US			
	Number of subjects with events	12	1
	Number of subjects censored	91	96
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.06(0.01, 0.49)
	P-value based on log-rank test		0.0004
	Interaction test p-value		0.7133

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Japan			
	Number of subjects with events	0	1
	Number of subjects censored	6	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		7.7E7(0.00,)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Europe			
	Number of subjects with events	3	1
	Number of subjects censored	67	68
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.20(0.02, 2.19)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Australia			
	Number of subjects with events	2	1
	Number of subjects censored	5	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
US			
	Number of subjects with events	11	4
	Number of subjects censored	92	93
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.28(0.09, 0.92)
	P-value based on log-rank test		0.0206
	Interaction test p-value		0.6148

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Japan			
	Number of subjects with events	0	0
	Number of subjects censored	6	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Europe			
	Number of subjects with events	3	3
	Number of subjects censored	67	66
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.91(0.18, 4.71)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Australia			
	Number of subjects with events	3	1
	Number of subjects censored	4	8
	Median time to events (95% CI)	3.70(0.43, -)	-
	Hazard ratio (95% CI)		0.15(0.01, 1.66)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
US			
	Number of subjects with events	9	2
	Number of subjects censored	94	95
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.20(0.04, 0.93)
	P-value based on log-rank test		0.0204
	Interaction test p-value		0.9972

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Japan			
	Number of subjects with events	0	0
	Number of subjects censored	6	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.

Table 2.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Europe			
	Number of subjects with events	0	0
	Number of subjects censored	70	69
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Table 2.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
Australia			
	Number of subjects with events	2	1
	Number of subjects censored	5	8
	Median time to events (95% CI)	3.70(1.83, -)	-
	Hazard ratio (95% CI)		0.26(0.02, 3.29)

Based on data cut on 31-DEC-2016; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death;
2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable,
and interaction of treatment by subgroup as fixed effects.
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Cox Model to Test for Interaction Between Treatment and Variable of Interest
Time to Serious Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period
Safety Analysis Set

Interaction Term	p-value
Treatment Plan X Gender(F vs M)	0.3709
Treatment Plan X Age Group(>= 65 years vs < 65 years)	0.4078
Treatment Plan X Disease Type(SS vs MF)	0.9705
Treatment Plan X Disease Stage(III/IV vs IB/II)	0.7314
Treatment Plan X Blood Involvement(Yes vs No)	0.2488
Treatment Plan X Region 1(Europe vs US)	0.9888
Treatment Plan X Region 2(Europe vs Rest of World)	0.7225

Note: The covariates in the Cox proportional hazards model include the specified variable, treatment, disease type, disease stage, region and interaction between treatment and the specified variable. The p-value is obtained from Wald-test. For Treatment Plan * Region 1, the analysis set exludes subjects in Rest of World. For Treatment Plan * Region 2, the analysis set excludes subjects in US.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.

Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Gender (Male,Female)
Safety Analysis Set

	Female		Male	
	Vorinostat N=79	KW-0761 N=77	Vorinostat N=107	KW-0761 N=107
Number of Subjects with Event (n, %)	24 (30.4)	30 (39.0)	22 (20.6)	39 (36.4)
Number of Subjects Censored (n, %)	55 (69.6)	47 (61.0)	85 (79.4)	68 (63.6)
Time to Event (months)				
Kaplan-Meier Estimate of Time to Event				
Q1	2.5	4.4	5.8	5.2
Median (95% CI)*	13.83 (5.77, -)	11.50 (6.93, -)	-	19.93 (10.80, -)
Q3	-	-	-	-
Mean	3.96	7.31	5.15	8.42
Std Dev	4.318	7.713	5.451	7.563
Median	2.50	4.37	3.53	5.83
Minimum	0.0	0.0	0.1	0.0
Maximum	22.1	38.6	39.6	32.2
------ Treatment Comparison ------				
KW-0761 vs. Vorinostat**				
Hazard Ratio (95% CI)		0.90 (0.52, 1.56)		1.11 (0.64, 1.90)
Log rank p-value		0.8941		0.7392

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Gender (Male,Female)
Safety Analysis Set

	Female		Male	
	Vorinostat N=79	KW-0761 N=77	Vorinostat N=107	KW-0761 N=107
Rate (%) of without Event for at Least***				
6 Months (95% CI)	64.1 (48.1, 76.3)	70.4 (57.6, 80.1)	69.7 (55.1, 80.4)	71.5 (61.2, 79.4)
12 Months (95% CI)	57.6 (38.5, 72.8)	46.3 (31.0, 60.3)	61.6 (44.4, 74.9)	58.2 (45.5, 68.9)
18 Months (95% CI)	43.2 (16.5, 67.7)	42.5 (26.9, 57.2)	61.6 (44.4, 74.9)	58.2 (45.5, 68.9)
24 Months (95% CI)	-	42.5 (26.9, 57.2)	61.6 (44.4, 74.9)	43.8 (26.8, 59.5)
30 Months (95% CI)	-	42.5 (26.9, 57.2)	61.6 (44.4, 74.9)	29.2 (7.9, 54.9)
36 Months (95% CI)	-	42.5 (26.9, 57.2)	61.6 (44.4, 74.9)	-

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Age (<65,>=65)
Safety Analysis Set

	<65 Years		>=65 Years	
	Vorinostat N=89	KW-0761 N=99	Vorinostat N=97	KW-0761 N=85
Number of Subjects with Event (n, %)	19 (21.3)	35 (35.4)	27 (27.8)	34 (40.0)
Number of Subjects Censored (n, %)	70 (78.7)	64 (64.6)	70 (72.2)	51 (60.0)
Time to Event (months)				
Kaplan-Meier Estimate of Time to Event				
Q1	5.8	4.8	4.3	4.7
Median (95% CI)*	-	19.93 (10.73, -)	13.83 (5.83, -)	11.93 (8.87, -)
Q3	-	-	-	-
Mean	4.85	7.62	4.45	8.34
Std Dev	5.557	7.260	4.499	8.054
Median	3.07	5.33	3.13	5.17
Minimum	0.1	0.0	0.0	0.3
Maximum	39.6	35.0	23.6	38.6
------ Treatment Comparison ------				
KW-0761 vs. Vorinostat**				
Hazard Ratio (95% CI)		1.25 (0.70, 2.22)		0.82 (0.48, 1.40)
Log rank p-value		0.2597		0.3989

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Age (<65,>=65)
Safety Analysis Set

	<65 Years		>=65 Years	
	Vorinostat N=89	KW-0761 N=99	Vorinostat N=97	KW-0761 N=85
Rate (%) of without Event for at Least***				
6 Months (95% CI)	70.5 (54.9, 81.6)	71.2 (60.5, 79.6)	64.2 (49.0, 75.9)	71.1 (59.1, 80.1)
12 Months (95% CI)	65.5 (47.6, 78.6)	58.2 (44.8, 69.4)	55.3 (37.7, 69.8)	48.5 (34.2, 61.3)
18 Months (95% CI)	65.5 (47.6, 78.6)	58.2 (44.8, 69.4)	44.2 (21.0, 65.3)	45.4 (31.0, 58.8)
24 Months (95% CI)	65.5 (47.6, 78.6)	40.8 (22.2, 58.6)	-	45.4 (31.0, 58.8)
30 Months (95% CI)	65.5 (47.6, 78.6)	40.8 (22.2, 58.6)	-	30.3 (8.6, 55.9)
36 Months (95% CI)	65.5 (47.6, 78.6)	-	-	30.3 (8.6, 55.9)

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Disease Type (MF,SS)
Safety Analysis Set

	MF		SS	
	Vorinostat N=99	KW-0761 N=105	Vorinostat N=87	KW-0761 N=79
Number of Subjects with Event (n, %)	23 (23.2)	33 (31.4)	23 (26.4)	36 (45.6)
Number of Subjects Censored (n, %)	76 (76.8)	72 (68.6)	64 (73.6)	43 (54.4)
Time to Event (months)				
Kaplan-Meier Estimate of Time to Event				
Q1	5.8	5.0	4.5	3.4
Median (95% CI)*	-	19.93 (10.13, -)	13.83 (5.83, -)	15.20 (8.87, -)
Q3	-	-	-	-
Mean	5.08	6.90	4.15	9.35
Std Dev	5.656	6.493	4.167	8.757
Median	3.30	4.67	2.80	6.50
Minimum	0.1	0.0	0.0	0.0
Maximum	39.6	32.2	23.6	38.6
------ Treatment Comparison ------				
KW-0761 vs. Vorinostat**				
Hazard Ratio (95% CI)		1.01 (0.59, 1.74)		1.04 (0.60, 1.79)
Log rank p-value		0.9009		0.9532

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Disease Type (MF,SS)
Safety Analysis Set

	MF		SS	
	Vorinostat N=99	KW-0761 N=105	Vorinostat N=87	KW-0761 N=79
Rate (%) of without Event for at Least***				
6 Months (95% CI)	69.1 (54.8, 79.7)	71.7 (60.7, 80.2)	65.2 (48.5, 77.7)	69.7 (57.9, 78.8)
12 Months (95% CI)	60.4 (42.9, 74.0)	55.5 (40.4, 68.2)	59.8 (41.0, 74.3)	50.5 (37.3, 62.4)
18 Months (95% CI)	60.4 (42.9, 74.0)	55.5 (40.4, 68.2)	39.8 (9.9, 69.4)	47.9 (34.4, 60.2)
24 Months (95% CI)	60.4 (42.9, 74.0)	38.8 (17.8, 59.6)	-	43.5 (29.0, 57.2)
30 Months (95% CI)	60.4 (42.9, 74.0)	38.8 (17.8, 59.6)	-	29.0 (8.3, 54.1)
36 Months (95% CI)	60.4 (42.9, 74.0)	-	-	29.0 (8.3, 54.1)

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Disease Stage (IB/II)
Safety Analysis Set

	Stages IB/II		Stages III/IV	
	Vorinostat N=72	KW-0761 N=68	Vorinostat N=114	KW-0761 N=116
Number of Subjects with Event (n, %)	15 (20.8)	17 (25.0)	31 (27.2)	52 (44.8)
Number of Subjects Censored (n, %)	57 (79.2)	51 (75.0)	83 (72.8)	64 (55.2)
Time to Event (months)				
Kaplan-Meier Estimate of Time to Event				
Q1	5.8	6.5	4.5	3.4
Median (95% CI)*	-	20.63 (10.13, -)	13.83 (8.17, -)	11.70 (8.73, -)
Q3	-	-	-	-
Mean	4.97	6.29	4.44	8.93
Std Dev	6.089	5.425	4.232	8.529
Median	3.05	4.58	3.27	5.85
Minimum	0.1	0.5	0.0	0.0
Maximum	39.6	28.2	23.6	38.6
------ Treatment Comparison ------				
KW-0761 vs. Vorinostat**				
Hazard Ratio (95% CI)		0.90 (0.44, 1.83)		1.04 (0.66, 1.65)
Log rank p-value		0.8274		0.7662

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Disease Stage (IB/II)
Safety Analysis Set

	Stages IB/II		Stages III/IV	
	Vorinostat N=72	KW-0761 N=68	Vorinostat N=114	KW-0761 N=116
Rate (%) of without Event for at Least***				
6 Months (95% CI)	71.1 (54.1, 82.7)	77.5 (64.0, 86.4)	64.9 (50.9, 75.8)	67.8 (58.0, 75.8)
12 Months (95% CI)	71.1 (54.1, 82.7)	68.2 (49.2, 81.4)	52.9 (35.9, 67.3)	47.9 (36.7, 58.3)
18 Months (95% CI)	71.1 (54.1, 82.7)	68.2 (49.2, 81.4)	39.7 (15.7, 63.0)	46.1 (34.8, 56.7)
24 Months (95% CI)	71.1 (54.1, 82.7)	25.6 (1.6, 63.8)	-	43.0 (31.1, 54.4)
30 Months (95% CI)	71.1 (54.1, 82.7)	-	-	34.4 (17.7, 51.9)
36 Months (95% CI)	71.1 (54.1, 82.7)	-	-	34.4 (17.7, 51.9)

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Data source: adsl.sas7bdat adtteae.sas7bdat Program source: CVD_AE_Sub_DS.sas Data cut-off date: 31-Dec-2016

Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Blood Involvement (Yes,No)
Safety Analysis Set

	--------Blood Involvement No--------		--------Blood Involvement Yes--------	
	Vorinostat N=62	KW-0761 N=63	Vorinostat N=122	KW-0761 N=121
Number of Subjects with Event (n, %)	10 (16.1)	17 (27.0)	36 (29.5)	52 (43.0)
Number of Subjects Censored (n, %)	52 (83.9)	46 (73.0)	86 (70.5)	69 (57.0)
Time to Event (months)				
Kaplan-Meier Estimate of Time to Event				
Q1	-	5.9	4.1	3.0
Median (95% CI)*	-	19.93 (11.70, -)	13.83 (5.83, -)	15.20 (8.93, -)
Q3	-	20.6	-	-
Mean	5.37	6.04	4.30	8.95
Std Dev	6.053	5.145	4.432	8.488
Median	3.35	4.80	2.83	5.83
Minimum	0.1	0.0	0.0	0.0
Maximum	39.6	28.2	23.6	38.6
------ Treatment Comparison ------				
KW-0761 vs. Vorinostat**				
Hazard Ratio (95% CI)		1.41 (0.63, 3.12)		0.90 (0.57, 1.41)
Log rank p-value		0.5397		0.6805

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE) During Randomized Treatment Period by Blood Involvement (Yes,No)
Safety Analysis Set

	--------Blood Involvement No--------		--------Blood Involvement Yes--------	
	Vorinostat N=62	KW-0761 N=63	Vorinostat N=122	KW-0761 N=121
Rate (%) of without Event for at Least***				
6 Months (95% CI)	77.4 (59.8, 88.0)	72.6 (56.6, 83.5)	61.2 (47.3, 72.5)	69.7 (60.3, 77.3)
12 Months (95% CI)	77.4 (59.8, 88.0)	60.4 (37.5, 77.1)	50.1 (34.0, 64.2)	50.7 (39.7, 60.7)
18 Months (95% CI)	77.4 (59.8, 88.0)	60.4 (37.5, 77.1)	40.1 (19.4, 60.1)	48.8 (37.6, 59.1)
24 Months (95% CI)	77.4 (59.8, 88.0)	20.1 (1.2, 56.1)	-	45.7 (33.8, 56.9)
30 Months (95% CI)	77.4 (59.8, 88.0)	-	-	36.6 (18.9, 54.5)
36 Months (95% CI)	77.4 (59.8, 88.0)	-	-	36.6 (18.9, 54.5)

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Serious Treatment Emergent Adverse Event (TEAE) During Randomized

	Australia KW-0761 N=9
Number of Subjects with Event (n, %)	5 (55.6)
Number of Subjects Censored (n, %)	4 (44.4)
Time to Event (months) Kaplan-Meier Estimate of Time to Event	
Q1	2.8
Median (95% CI)*	10.13 (0.80,15.20)
Q3	15.2
Mean	5.64
Std Dev	4.793
Median	3.77
Minimum	0.8
Maximum	15.2
Treatment Comparison KW-0761 vs. Vorinostat **	
Hazard Ratio (95% CI)	0.36 (0.09, 1.48)
Log rank p-value	0.2528
Rate (%) of without Event for at Least ***	
6 Months (95% CI)	66.7 (28.2, 87.8)
12 Months (95% CI)	33.3 (1.6, 74.8)
18 Months (95% CI)	
24 Months (95% CI)	
30 Months (95% CI)	
36 Months (95% CI)	

"Note: Percentage is calculated using the number of subjects in the column heading as the de
"Time to adverse event of interest is defined as the duration from date of first randomized trea
"* 95% CIs are obtained from SAS proc lifetest using loglog transformation.";
"** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, dise
"*** If the hazard ratio is very large, it is due to small sample size.";
"**** Kaplan-Meier estimate.";

Treatment Period by Region - Safety Analysis Set

Vorinostat N=7	Europe KW-0761 N=69	Vorinostat N=70	Japan KW-0761 N=9
5 (71.4)	27 (39.1)	19 (27.1)	3 (33.3)
2 (28.6)	42 (60.9)	51 (72.9)	6 (66.7)
0.4	3.0	5.5	6.5
0.87 (0.13, -)	20.63 (6.93, -)	-	-
3.8	-	-	-
3.06	7.63	4.94	8.20
4.873	7.174	4.726	6.649
0.87	5.33	3.43	6.53
0.1	0.0	0.1	0.3
13.7	27.5	22.4	20.6
	1.08 (0.59, 1.97)		485E5*** (0.00, -)
	0.7059		0.2857
21.4 (1.2, 58.6)	67.3 (54.1, 77.5)	66.9 (49.8, 79.4)	77.8 (36.5, 93.9)
21.4 (1.2, 58.6)	53.9 (38.8, 66.9)	61.8 (42.9, 76.0)	62.2 (21.3, 86.4)
	53.9 (38.8, 66.9)	53.0 (30.0, 71.5)	62.2 (21.3, 86.4)
	44.9 (24.8, 63.2)	-	

nominator.";

atment to the date of adverse event. For subjects who did not have the adverse event of interes

ease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratifi

Vorinostat N=6	U.S. KW-0761 N=97	Vorinostat N=103
0	34 (35.1)	22 (21.4)
6 (100.0)	63 (64.9)	81 (78.6)
-	5.2	5.8
-	19.90 (10.50, -)	-
-	-	-
5.86	8.38	4.48
5.139	8.246	5.255
3.42	5.17	2.87
1.9	0.3	0.0
15.4	38.6	39.6
	0.98 (0.56, 1.69)	
	0.9816	
100.0 (100.0,100.0)	73.2 (61.8, 81.6)	68.6 (53.0, 80.0)
100.0 (100.0,100.0)	53.0 (38.7, 65.3)	57.9 (38.3, 73.3)
-	53.0 (38.7, 65.3)	57.9 (38.3, 73.3)
	43.3 (26.9, 58.7)	57.9 (38.3, 73.3)
	34.7 (16.1, 54.1)	57.9 (38.3, 73.3)
	34.7 (16.1, 54.1)	57.9 (38.3, 73.3)

st, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiati

ied log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type

ion of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.";

e, disease stage, and region as stratification factors.";

Cox Model to Test for Interaction Between Treatment and Variable of Interest
Time to Treatment-Emergent Adverse Event (TEAE) Leading to Discontinuation During Randomized Treatment Period
Safety Analysis Set

Interaction Term	p-value
Treatment Plan X Gender(F vs M)	0.9636
Treatment Plan X Age Group(>= 65 years vs < 65 years)	0.4066
Treatment Plan X Disease Type(SS vs MF)	0.3465
Treatment Plan X Disease Stage(III/IV vs IB/II)	0.9555
Treatment Plan X Blood Involvement(Yes vs No)	0.7569
Treatment Plan X Region 1(Europe vs US)	0.9625
Treatment Plan X Region 2(Europe vs Rest of World)	0.4337

Note: The covariates in the Cox proportional hazards model include the specified variable, treatment, disease type, disease stage, region and interaction between treatment and the specified variable. The p-value is obtained from Wald-test. For Treatment Plan * Region 1, the analysis set exludes subjects in Rest of World. For Treatment Plan * Region 2, the analysis set excludes subjects in US.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.

Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Discontinuation During Randomized Treatment Period by Gender (Male,Female)
Safety Analysis Set

	Female		Male	
	Vorinostat N=79	KW-0761 N=77	Vorinostat N=107	KW-0761 N=107
Number of Subjects with Event (n, %)	20 (25.3)	16 (20.8)	23 (21.5)	19 (17.8)
Number of Subjects Censored (n, %)	59 (74.7)	61 (79.2)	84 (78.5)	88 (82.2)
Time to Event (months)				
Kaplan-Meier Estimate of Time to Event				
Q1	8.3	10.1	6.5	16.4
Median (95% CI)*	-	-	-	-
Q3	-	-	-	-
Mean	4.22	8.80	5.37	10.41
Std Dev	4.659	7.732	5.806	8.574
Median	2.63	5.87	3.50	7.50
Minimum	0.1	0.4	0.0	0.1
Maximum	26.6	38.6	39.6	49.0
------ Treatment Comparison ------				
KW-0761 vs. Vorinostat**				
Hazard Ratio (95% CI)		0.49 (0.25, 0.98)		0.46 (0.24, 0.87)
Log rank p-value		0.1405		0.0235

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Discontinuation During Randomized Treatment Period
by Gender (Male,Female)
Safety Analysis Set

	Female		Male	
	Vorinostat N=79	KW-0761 N=77	Vorinostat N=107	KW-0761 N=107
Rate (%) of without Event for at Least***				
6 Months (95% CI)	77.6 (66.3, 85.5)	86.1 (74.5, 92.6)	77.3 (66.7, 84.9)	90.0 (81.6, 94.7)
12 Months (95% CI)	51.7 (25.1, 73.0)	70.7 (55.1, 81.8)	71.0 (57.4, 81.0)	79.8 (68.1, 87.6)
18 Months (95% CI)	51.7 (25.1, 73.0)	67.5 (51.3, 79.4)	71.0 (57.4, 81.0)	73.8 (59.6, 83.7)
24 Months (95% CI)	51.7 (25.1, 73.0)	67.5 (51.3, 79.4)	71.0 (57.4, 81.0)	64.1 (45.5, 77.9)
30 Months (95% CI)	-	67.5 (51.3, 79.4)	71.0 (57.4, 81.0)	64.1 (45.5, 77.9)
36 Months (95% CI)	-	67.5 (51.3, 79.4)	71.0 (57.4, 81.0)	64.1 (45.5, 77.9)
42 Months (95% CI)			-	64.1 (45.5, 77.9)

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Discontinuation During Randomized Treatment Period by Age (<65,>=65)
Safety Analysis Set

	<65 Years		>=65 Years	
	Vorinostat N=89	KW-0761 N=99	Vorinostat N=97	KW-0761 N=85
Number of Subjects with Event (n, %)	18 (20.2)	14 (14.1)	25 (25.8)	21 (24.7)
Number of Subjects Censored (n, %)	71 (79.8)	85 (85.9)	72 (74.2)	64 (75.3)
Time to Event (months)				
Kaplan-Meier Estimate of Time to Event				
Q1	8.3	18.7	4.6	9.4
Median (95% CI)*	-	-	-	-
Q3	-	-	-	-
Mean	4.84	9.79	4.92	9.68
Std Dev	5.480	7.880	5.287	8.706
Median	3.10	6.77	3.30	7.27
Minimum	0.0	0.8	0.0	0.1
Maximum	39.6	36.6	26.6	49.0
------ Treatment Comparison ------				
KW-0761 vs. Vorinostat**				
Hazard Ratio (95% CI)		0.38 (0.18, 0.79)		0.55 (0.30, 1.00)
Log rank p-value		0.0132		0.0666

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Discontinuation During Randomized Treatment Period by Age (<65,>=65)
Safety Analysis Set

	<65 Years		>=65 Years	
	Vorinostat N=89	KW-0761 N=99	Vorinostat N=97	KW-0761 N=85
Rate (%) of without Event for at Least***				
6 Months (95% CI)	80.1 (68.9, 87.6)	91.8 (83.5, 96.0)	74.1 (62.7, 82.5)	84.4 (73.3, 91.2)
12 Months (95% CI)	71.0 (53.5, 82.9)	84.2 (72.6, 91.2)	58.9 (39.3, 74.1)	67.1 (52.6, 78.1)
18 Months (95% CI)	71.0 (53.5, 82.9)	78.3 (63.9, 87.4)	58.9 (39.3, 74.1)	62.9 (46.8, 75.4)
24 Months (95% CI)	71.0 (53.5, 82.9)	73.0 (55.2, 84.7)	58.9 (39.3, 74.1)	53.9 (32.0, 71.6)
30 Months (95% CI)	71.0 (53.5, 82.9)	73.0 (55.2, 84.7)	-	53.9 (32.0, 71.6)
36 Months (95% CI)	71.0 (53.5, 82.9)	73.0 (55.2, 84.7)	-	53.9 (32.0, 71.6)
42 Months (95% CI)			-	53.9 (32.0, 71.6)

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Discontinuation During Randomized Treatment Period by Disease Type (MF,SS)
Safety Analysis Set

	MF		SS	
	Vorinostat N=99	KW-0761 N=105	Vorinostat N=87	KW-0761 N=79
Number of Subjects with Event (n, %)	20 (20.2)	19 (18.1)	23 (26.4)	16 (20.3)
Number of Subjects Censored (n, %)	79 (79.8)	86 (81.9)	64 (73.6)	63 (79.7)
Time to Event (months)				
Kaplan-Meier Estimate of Time to Event				
Q1	8.3	10.1	4.6	14.1
Median (95% CI)*	-	-	-	-
Q3	-	-	-	-
Mean	5.31	8.48	4.39	11.40
Std Dev	5.919	7.405	4.642	9.034
Median	3.33	5.90	2.83	9.57
Minimum	0.0	0.1	0.0	0.4
Maximum	39.6	36.6	26.6	49.0
------ Treatment Comparison ------				
KW-0761 vs. Vorinostat**				
Hazard Ratio (95% CI)		0.61 (0.32, 1.16)		0.36 (0.18, 0.71)
Log rank p-value		0.1743		0.0043

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Discontinuation During Randomized Treatment Period by Disease Type (MF,SS)
Safety Analysis Set

	MF		SS	
	Vorinostat N=99	KW-0761 N=105	Vorinostat N=87	KW-0761 N=79
Rate (%) of without Event for at Least***				
6 Months (95% CI)	80.5 (69.9, 87.7)	84.9 (75.2, 91.1)	72.6 (60.2, 81.7)	92.6 (82.9, 96.9)
12 Months (95% CI)	65.7 (44.9, 80.2)	74.2 (61.0, 83.6)	61.5 (42.5, 75.8)	78.4 (64.7, 87.3)
18 Months (95% CI)	65.7 (44.9, 80.2)	69.3 (52.9, 81.0)	61.5 (42.5, 75.8)	72.6 (57.3, 83.2)
24 Months (95% CI)	65.7 (44.9, 80.2)	69.3 (52.9, 81.0)	61.5 (42.5, 75.8)	60.7 (39.6, 76.4)
30 Months (95% CI)	65.7 (44.9, 80.2)	69.3 (52.9, 81.0)	-	60.7 (39.6, 76.4)
36 Months (95% CI)	65.7 (44.9, 80.2)	69.3 (52.9, 81.0)	-	60.7 (39.6, 76.4)
42 Months (95% CI)			-	60.7 (39.6, 76.4)

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Discontinuation During Randomized Treatment Period
by Disease Stage (IB/II)
Safety Analysis Set

	Stages IB/II		Stages III/IV	
	Vorinostat N=72	KW-0761 N=68	Vorinostat N=114	KW-0761 N=116
Number of Subjects with Event (n, %)	15 (20.8)	10 (14.7)	28 (24.6)	25 (21.6)
Number of Subjects Censored (n, %)	57 (79.2)	58 (85.3)	86 (75.4)	91 (78.4)
Time to Event (months)				
Kaplan-Meier Estimate of Time to Event				
Q1	6.5	10.1	8.0	14.1
Median (95% CI)*	-	-	-	-
Q3	-	-	-	-
Mean	5.03	7.57	4.79	11.00
Std Dev	6.020	6.769	4.934	8.786
Median	3.13	5.45	3.20	8.18
Minimum	0.0	0.8	0.0	0.1
Maximum	39.6	36.6	26.6	49.0
------ Treatment Comparison ------				
KW-0761 vs. Vorinostat**				
Hazard Ratio (95% CI)		0.45 (0.20, 1.03)		0.48 (0.28, 0.85)
Log rank p-value		0.0767		0.0177

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Discontinuation During Randomized Treatment Period
by Disease Stage (IB/II)
Safety Analysis Set

	Stages IB/II		Stages III/IV	
	Vorinostat N=72	KW-0761 N=68	Vorinostat N=114	KW-0761 N=116
Rate (%) of without Event for at Least***				
6 Months (95% CI)	80.0 (67.4, 88.1)	91.3 (80.2, 96.3)	75.1 (64.8, 82.8)	87.0 (78.6, 92.3)
12 Months (95% CI)	64.0 (37.2, 81.7)	72.0 (51.5, 85.0)	63.4 (47.3, 75.8)	77.1 (66.3, 84.8)
18 Months (95% CI)	64.0 (37.2, 81.7)	72.0 (51.5, 85.0)	63.4 (47.3, 75.8)	70.9 (58.5, 80.2)
24 Months (95% CI)	64.0 (37.2, 81.7)	72.0 (51.5, 85.0)	63.4 (47.3, 75.8)	62.9 (46.9, 75.2)
30 Months (95% CI)	64.0 (37.2, 81.7)	72.0 (51.5, 85.0)	-	62.9 (46.9, 75.2)
36 Months (95% CI)	64.0 (37.2, 81.7)	72.0 (51.5, 85.0)	-	62.9 (46.9, 75.2)
42 Months (95% CI)			-	62.9 (46.9, 75.2)

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Discontinuation During Randomized Treatment Period by Blood Involvement (Yes,No)
Safety Analysis Set

	--------Blood Involvement No--------		--------Blood Involvement Yes--------	
	Vorinostat N=62	KW-0761 N=63	Vorinostat N=122	KW-0761 N=121
Number of Subjects with Event (n, %)	15 (24.2)	10 (15.9)	28 (23.0)	25 (20.7)
Number of Subjects Censored (n, %)	47 (75.8)	53 (84.1)	94 (77.0)	96 (79.3)
Time to Event (months)				
Kaplan-Meier Estimate of Time to Event				
Q1	6.5	-	8.0	14.1
Median (95% CI)*	-	-	-	-
Q3	-	-	-	-
Mean	5.09	6.96	4.80	11.18
Std Dev	5.919	6.502	5.122	8.704
Median	3.33	5.37	3.08	9.37
Minimum	0.0	0.1	0.0	0.4
Maximum	39.6	36.6	26.6	49.0
------ Treatment Comparison ------				
KW-0761 vs. Vorinostat**				
Hazard Ratio (95% CI)		0.56 (0.25, 1.28)		0.46 (0.26, 0.81)
Log rank p-value		0.1594		0.0064

Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Discontinuation During Randomized Treatment Period
by Blood Involvement (Yes,No)
Safety Analysis Set

	--------Blood Involvement No--------		--------Blood Involvement Yes--------	
	Vorinostat N=62	KW-0761 N=63	Vorinostat N=122	KW-0761 N=121
Rate (%) of without Event for at Least***				
6 Months (95% CI)	77.2 (63.5, 86.4)	80.6 (65.3, 89.7)	76.4 (66.4, 83.8)	91.7 (84.5, 95.6)
12 Months (95% CI)	57.9 (26.9, 79.7)	77.3 (60.9, 87.5)	64.3 (48.0, 76.7)	77.0 (66.2, 84.7)
18 Months (95% CI)	57.9 (26.9, 79.7)	77.3 (60.9, 87.5)	64.3 (48.0, 76.7)	71.3 (59.3, 80.3)
24 Months (95% CI)	57.9 (26.9, 79.7)	77.3 (60.9, 87.5)	64.3 (48.0, 76.7)	63.8 (48.4, 75.7)
30 Months (95% CI)	57.9 (26.9, 79.7)	77.3 (60.9, 87.5)	-	63.8 (48.4, 75.7)
36 Months (95% CI)	57.9 (26.9, 79.7)	77.3 (60.9, 87.5)	-	63.8 (48.4, 75.7)
42 Months (95% CI)			-	63.8 (48.4, 75.7)

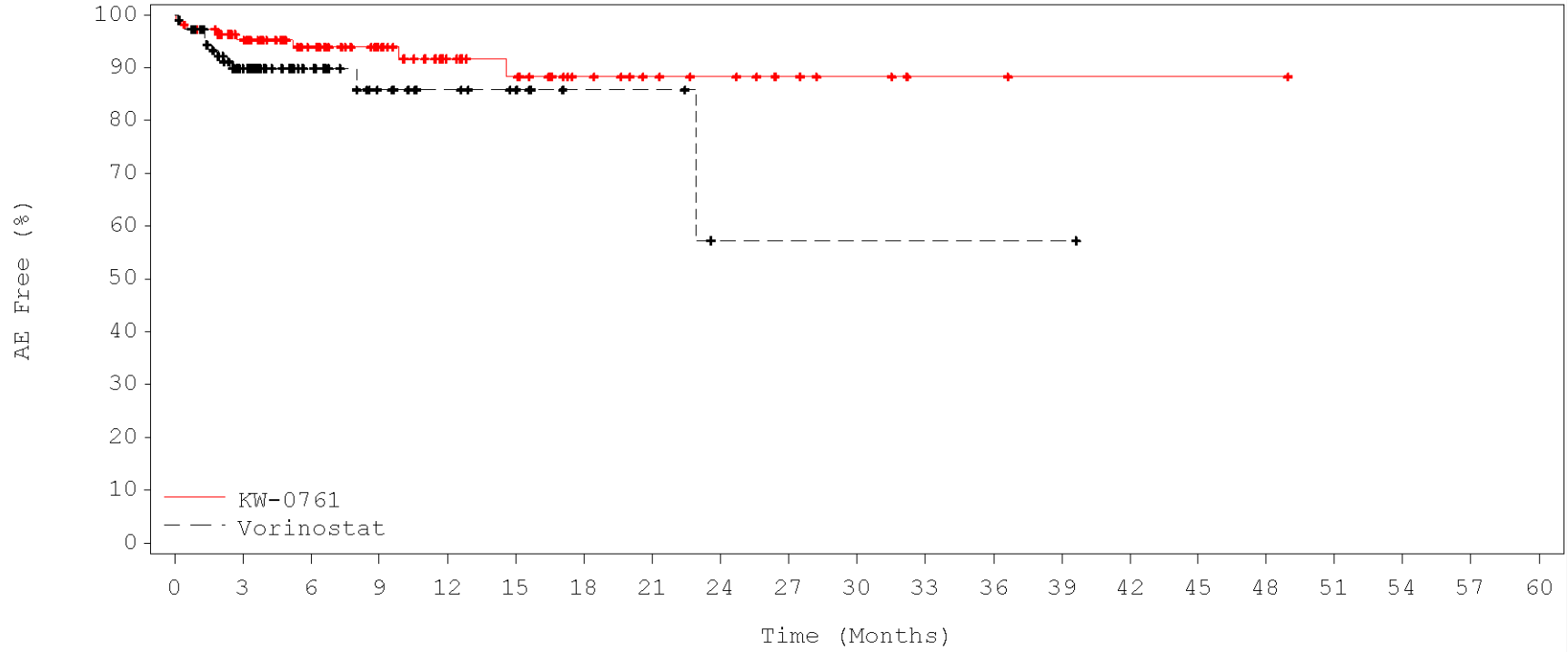
Note: Percentage is calculated using the number of subjects in the column heading as the denominator.
Time to adverse event of interest is defined as the duration from date of first randomized treatment to the date of adverse event. For subjects who did not have the adverse event of interest, they are censored at the earlist date of 1) 90 days after the last dose of randomized treatment; 2) Initiation of alternative therapy. For crossover subjects, KW-0761 is regarded as alternative therapy.
* 95% CIs are obtained from SAS proc lifetest using loglog transformation.
** Hazard ratio and 95% CI are based on Cox proportional hazards model with treatment, disease type, disease stage, and region as covariates. P-value (two-sided) is obtained from a stratified log rank test (one-sided test at 0.025 level or equivalently two-sided test at 0.05 level) with disease type, disease stage, and region as stratification factors.
*** Kaplan-Meier estimate.

Summary of Time to Treatment Emergent Adverse Event (TEAE) Leading to Discontinuation During Randomized Treatment Period by Region - Safety Analysis Set

	Australia KW-0761 N=9	Vorinostat N=7	Europe KW-0761 N=69	Vorinostat N=70	Japan KW-0761 N=9	Vorinostat N=6	U.S. KW-0761 N=97	Vorinostat N=103
Number of Subjects with Event (n, %)	2 (22.2)	5 (71.4)	10 (14.5)	13 (18.6)	2 (22.2)	1 (16.7)	21 (21.6)	24 (23.3)
Number of Subjects Censored (n, %)	7 (77.8)	2 (28.6)	59 (85.5)	57 (81.4)	7 (77.8)	5 (83.3)	76 (78.4)	79 (76.7)
Time to Event (months) Kaplan-Meier Estimate of Time to Event								
Q1	10.1	1.3	-	8.3	6.5	11.8	10.0	4.6
Median (95% CI)*	-	1.83 (0.43, 8.43)	-	-	-	11.83 (-)	-	-
Q3	-	8.4	-	-	-	11.8	-	-
Mean	8.76	2.74	9.63	5.60	7.93	5.26	10.07	4.51
Std Dev	6.464	2.672	7.019	5.164	6.798	3.845	9.326	5.675
Median	7.30	1.83	7.33	3.57	6.53	3.42	6.57	2.83
Minimum	2.6	0.4	0.1	0.2	0.4	1.9	0.4	0.0
Maximum	20.6	8.4	27.5	26.6	20.6	11.8	49.0	39.6
Treatment Comparison KW-0761 vs. Vorinostat **								
Hazard Ratio (95% CI)	0.08 (0.01, 0.75)		0.53 (0.23, 1.24)		1.21 (0.10,14.06)		0.53 (0.29, 0.97)	
Log rank p-value	0.0289		0.1464		0.8788		0.0330	
Rate (%) of without Event for at Least ***								
6 Months (95% CI)	88.9 (43.3, 98.4)	42.9 (9.8, 73.4)	86.6 (74.8, 93.1)	82.7 (70.6, 90.2)	85.7 (33.4, 97.9)	100.0 (100.0,100.0)	89.8 (80.2, 94.9)	74.2 (62.8, 82.6)
12 Months (95% CI)	59.3 (7.7, 89.9)	-	84.0 (71.0, 91.5)	73.2 (54.6, 85.1)	68.6 (21.3, 91.2)	-	72.0 (58.2, 82.0)	68.9 (53.2, 80.3)
18 Months (95% CI)	59.3 (7.7, 89.9)	-	79.3 (62.7, 89.1)	73.2 (54.6, 85.1)	68.6 (21.3, 91.2)	-	65.9 (50.4, 77.6)	68.9 (53.2, 80.3)
24 Months (95% CI)			79.3 (62.7, 89.1)	73.2 (54.6, 85.1)			55.9 (37.1, 71.1)	68.9 (53.2, 80.3)
30 Months (95% CI)							55.9 (37.1, 71.1)	68.9 (53.2, 80.3)
36 Months (95% CI)							55.9 (37.1, 71.1)	68.9 (53.2, 80.3)
42 Months (95% CI)							55.9 (37.1, 71.1)	-

Figure 5.1.1 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS - ASTHENIA
Safety Subjects

Gender: Male



No. at Risk:

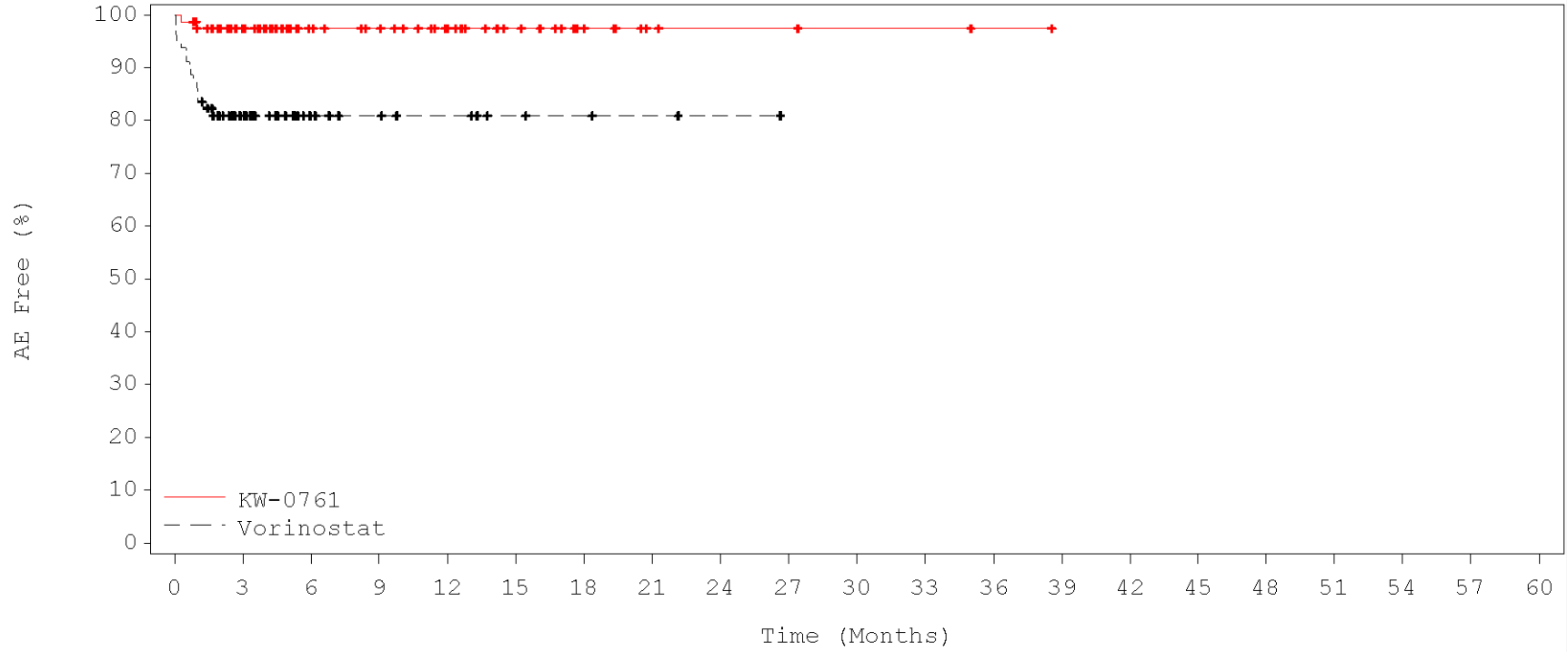
KW:	107	91	63	47	31	26	17	11	9	6	4	2	2	1	1	1	1	0
VOR:	107	63	30	16	11	8	4	4	1	1	1	1	1	1	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-5pct-subg.sas 06MAR2020 7:18

Figure 5.1.1 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS - ASTHENIA
Safety Subjects

Gender: Female



No. at Risk:

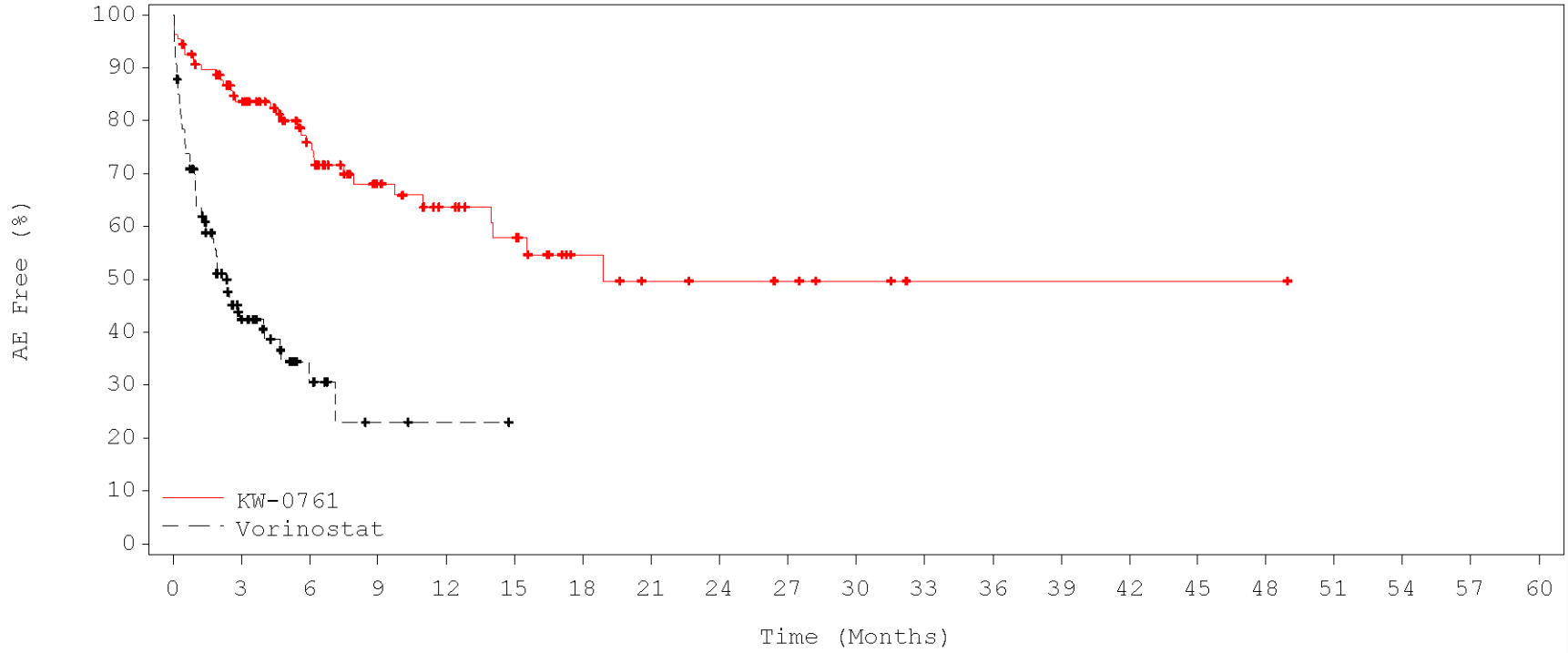
KW:	77	61	37	32	25	15	9	4	3	3	2	2	1	0	0	0	0	0
VOR:	79	36	14	9	7	4	3	2	1	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-5pct-subg.sas 06MAR2020 7:18

Figure 5.1.1 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
NERVOUS SYSTEM DISORDERS
Safety Subjects

Gender: Male



No. at Risk:

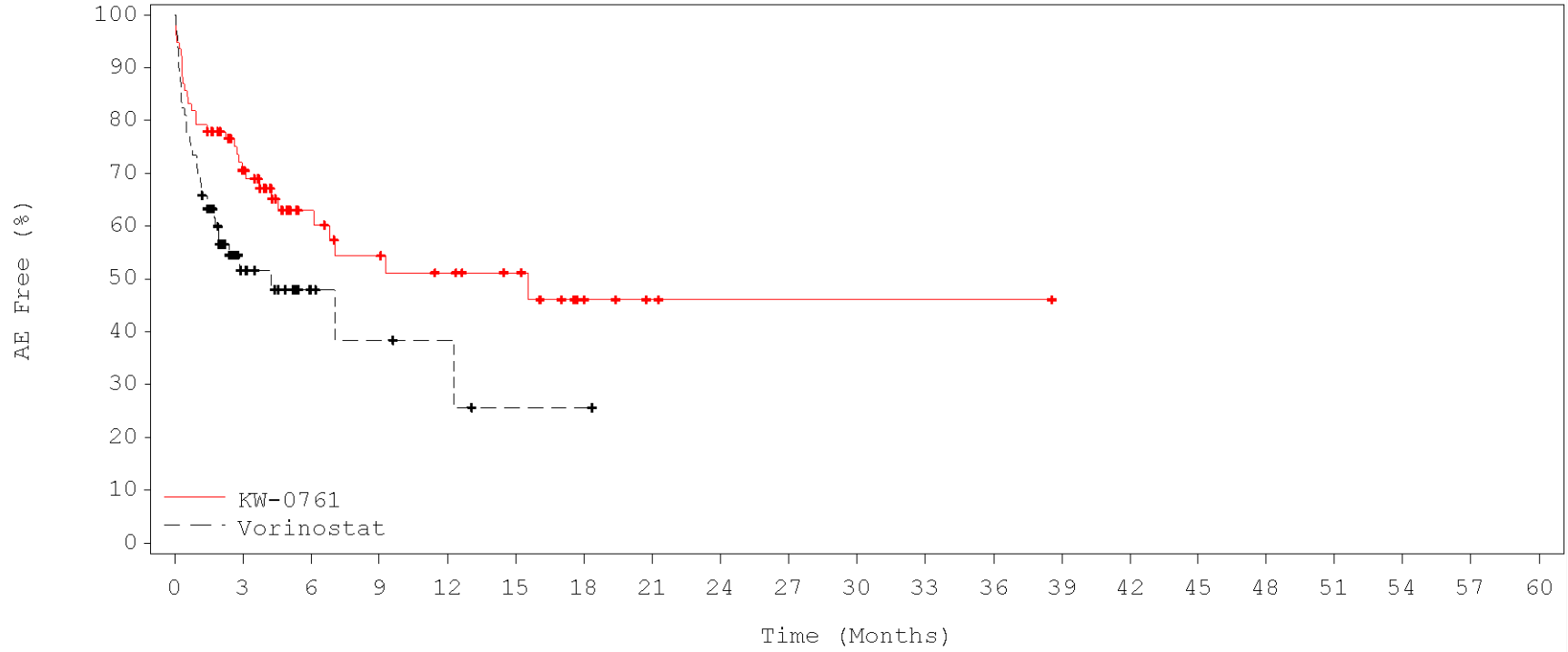
KW:	107	80	53	34	25	20	11	7	6	5	3	1	1	1	1	1	0
VOR:	107	30	8	2	1	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-5pct-subg.sas 06MAR2020 7:18

Figure 5.1.1 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
NERVOUS SYSTEM DISORDERS
Safety Subjects

Gender: Female



No. at Risk:

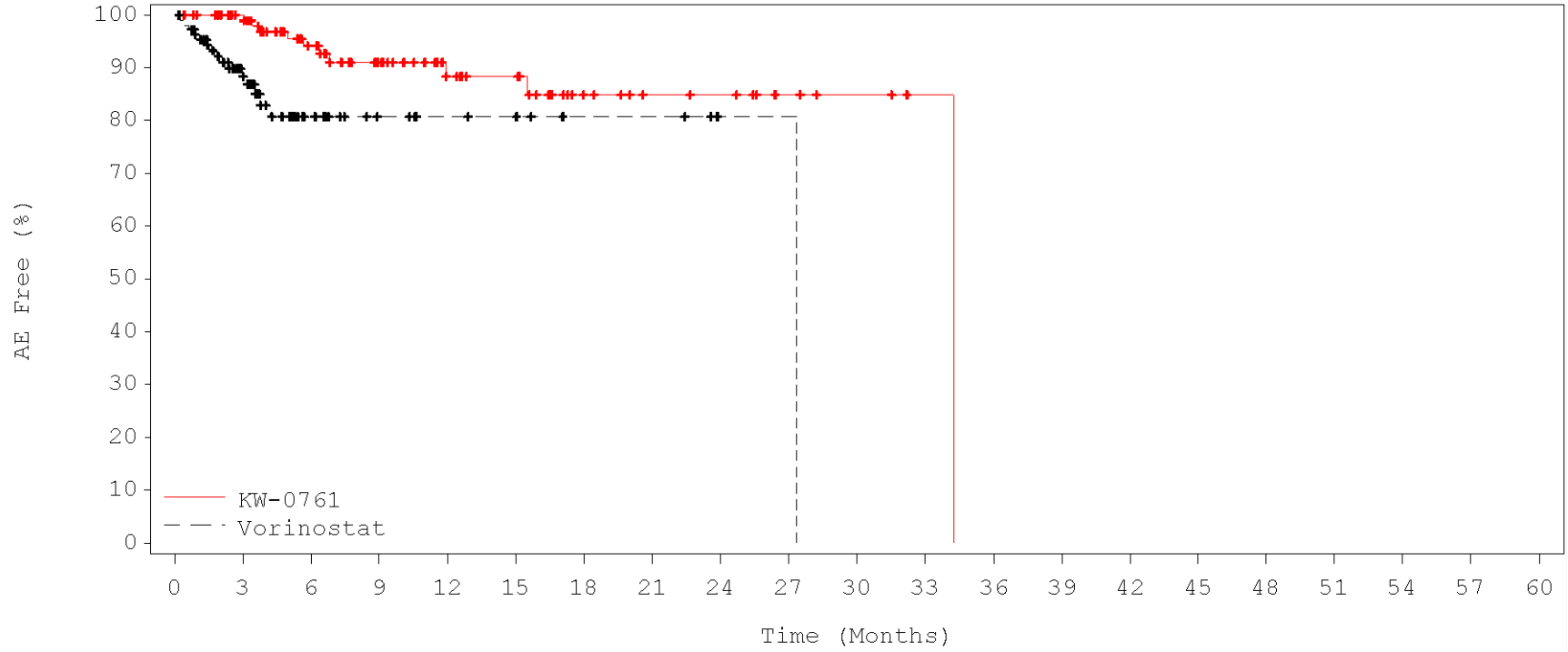
KW:	77	46	23	18	15	11	5	2	1	1	1	1	1	0	0	0	0	0
VOR:	79	17	6	4	3	1	1	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-5pct-subg.sas 06MAR2020 7:18

Figure 5.1.1 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
SKIN AND SUBCUTANEOUS TISSUE DISORDERS - ALOPECIA
Safety Subjects

Gender: Male



No. at Risk:

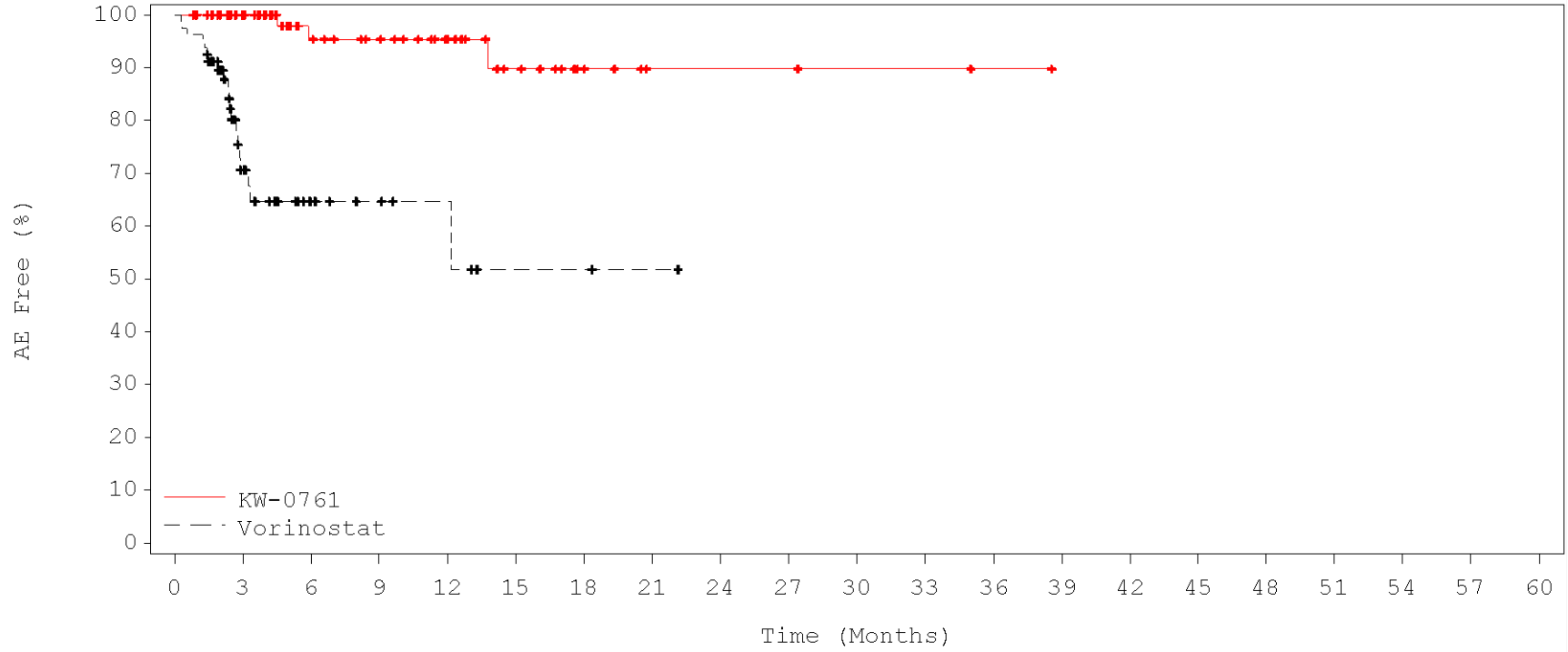
KW:	107	96	65	48	32	28	16	10	9	5	3	1	0	0	0	0	0	0
VOR:	107	59	22	11	8	7	4	4	1	1	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-5pct-subg.sas 06MAR2020 7:18

Figure 5.1.1 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
SKIN AND SUBCUTANEOUS TISSUE DISORDERS - ALOPECIA
Safety Subjects

Gender: Female



No. at Risk:

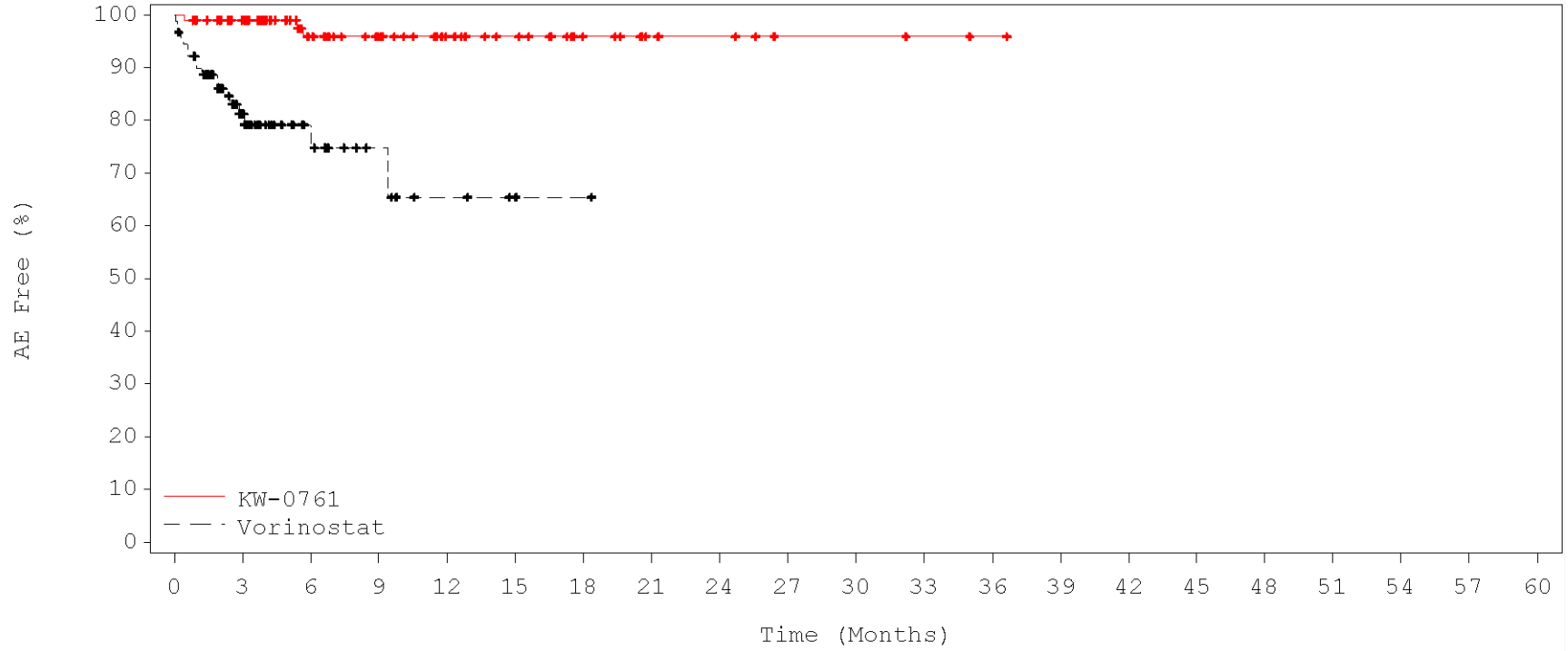
KW:	77	63	38	32	25	13	7	3	3	3	2	2	1	0	0	0	0	0
VOR:	79	28	11	7	5	2	2	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-5pct-subg.sas 06MAR2020 7:18

Figure 5.1.2 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
GASTROINTESTINAL DISORDERS - ABDOMINAL PAIN
Safety Subjects

Age Group: <65 Years



No. at Risk:

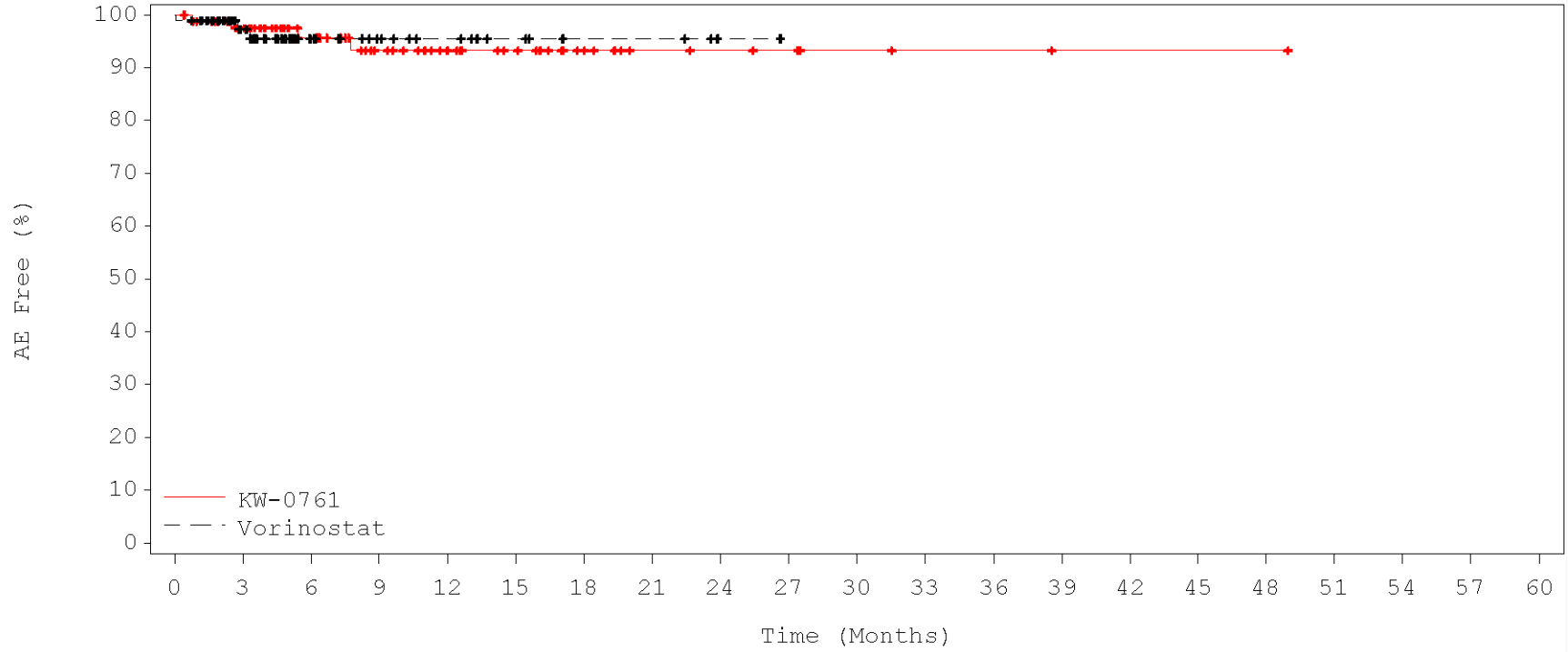
KW:	99	85	55	43	29	22	14	8	6	3	3	2	1	0	0	0	0	0
VOR:	89	41	18	8	4	2	1	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-5pct-subg.sas 06MAR2020 7:18

Figure 5.1.2 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
GASTROINTESTINAL DISORDERS - ABDOMINAL PAIN
Safety Subjects

Age Group: >=65 Years



No. at Risk:

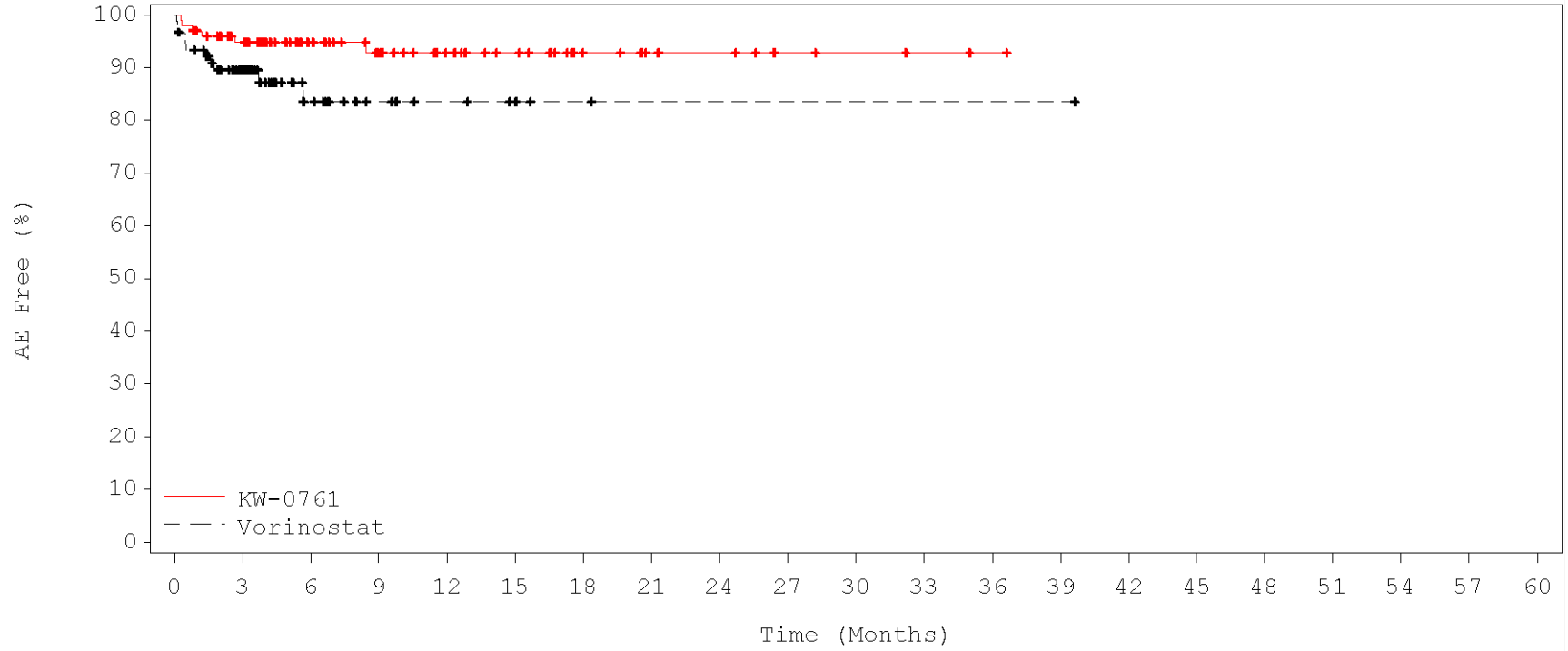
KW:	85	71	49	35	27	19	12	7	6	5	3	2	2	1	1	1	1	0
VOR:	97	54	22	15	11	7	4	4	1	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-5pct-subg.sas 06MAR2020 7:18

Figure 5.1.2 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
GASTROINTESTINAL DISORDERS - VOMITING
Safety Subjects

Age Group: <65 Years



No. at Risk:

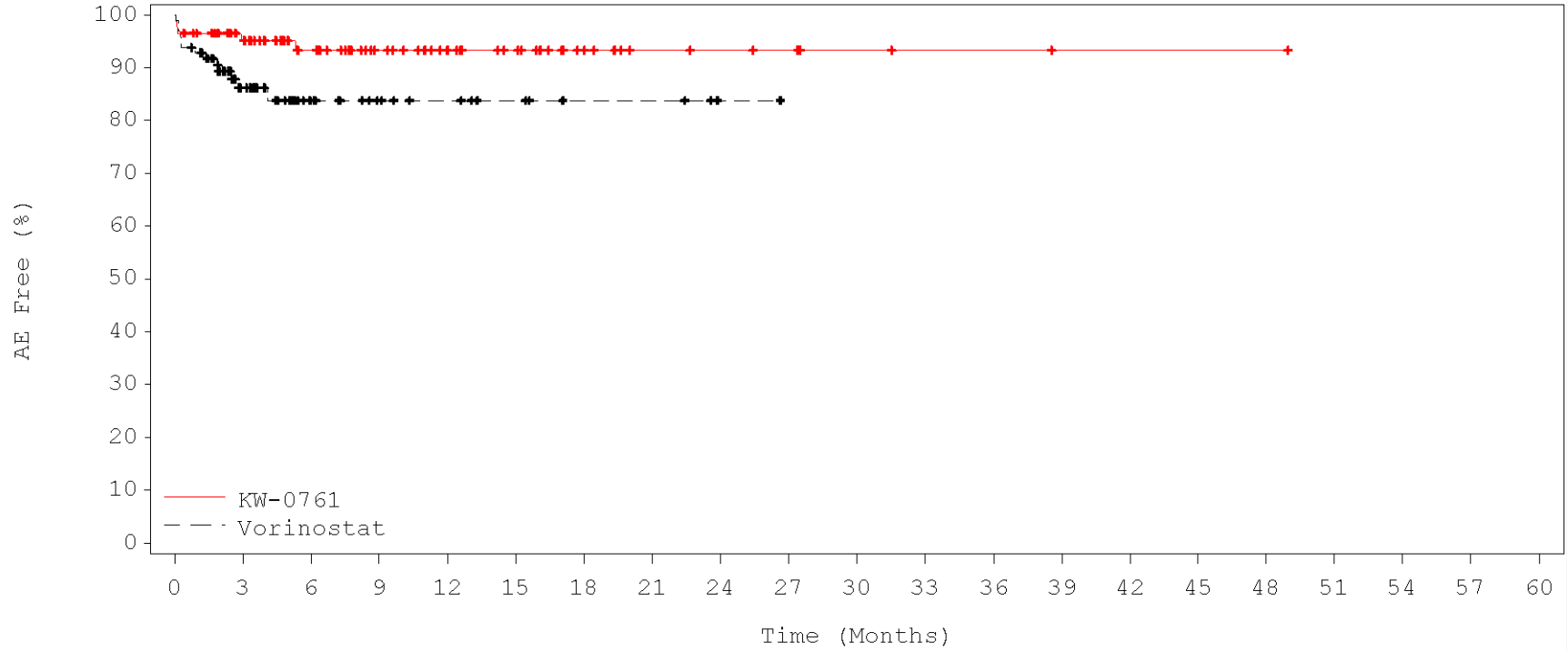
KW:	99	83	55	43	30	23	14	9	7	4	3	2	1	0	0	0	0
VOR:	89	51	21	10	6	4	2	1	1	1	1	1	1	1	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-5pct-subg.sas 06MAR2020 7:18

Figure 5.1.2 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
GASTROINTESTINAL DISORDERS - VOMITING
Safety Subjects

Age Group: >=65 Years



No. at Risk:

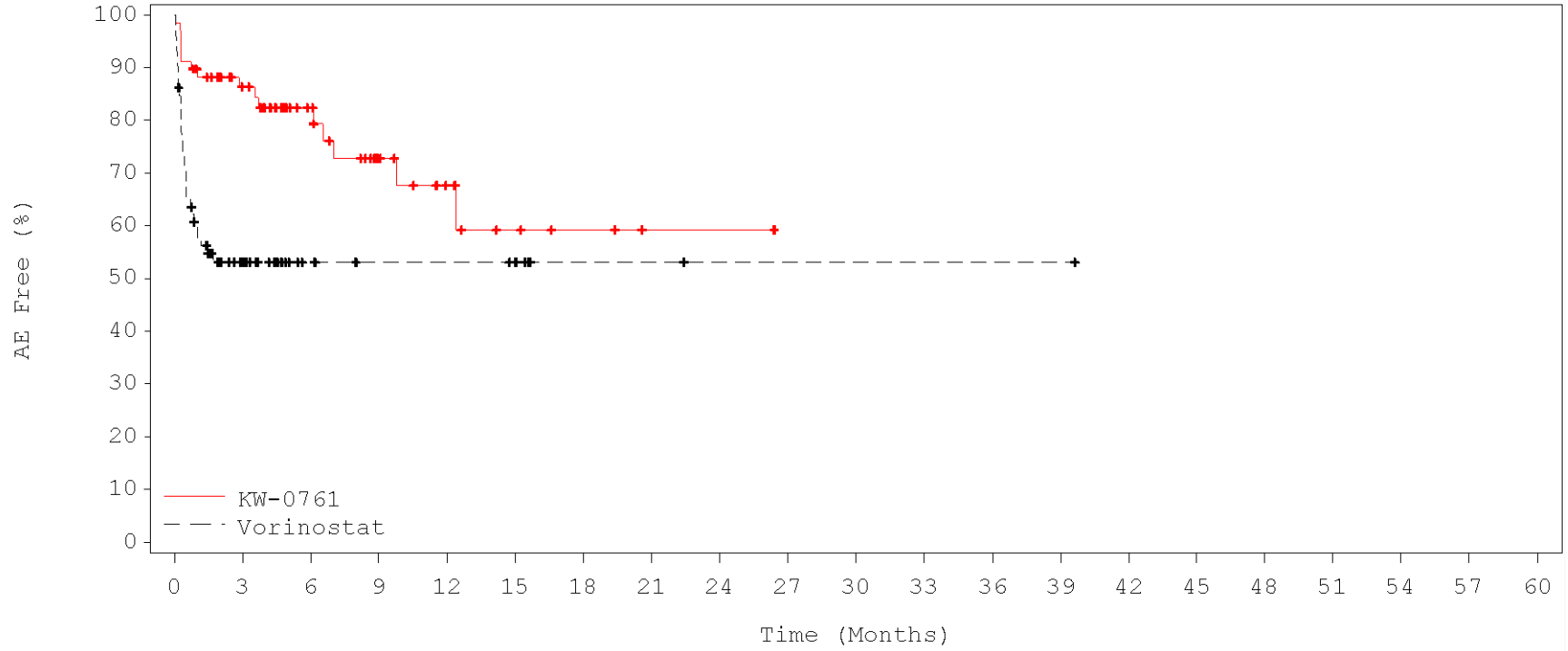
KW:	85	69	48	35	27	20	12	7	6	5	3	2	2	1	1	1	1	0
VOR:	97	48	21	13	10	7	4	4	1	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-5pct-subg.sas 06MAR2020 7:18

Figure 5.1.4 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
METABOLISM AND NUTRITION DISORDERS
Safety Subjects

Clinical Stage: IB/II



No. at Risk:

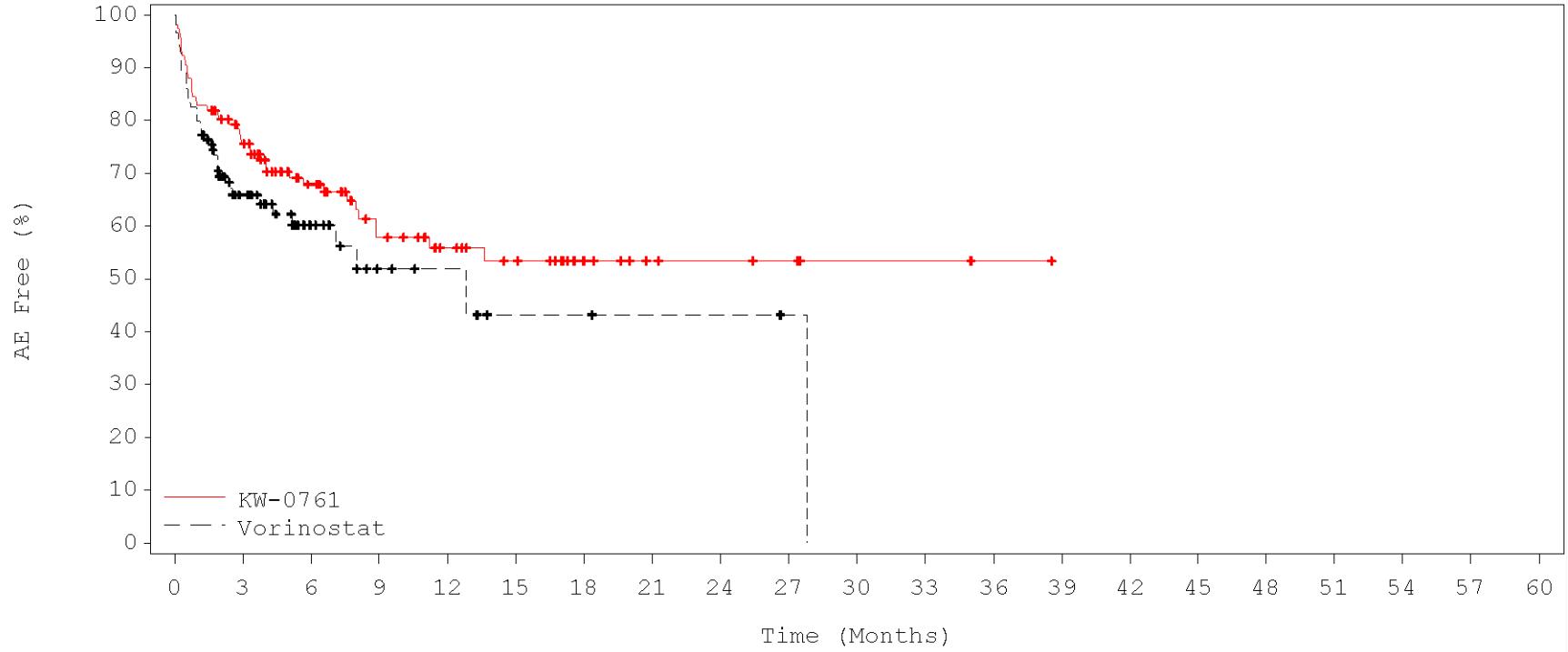
KW:	68	45	28	16	10	5	3	1	1	0	0	0	0	0	0	0	0
VOR:	72	25	10	7	7	6	2	2	1	1	1	1	1	1	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-5pct-subg.sas 06MAR2020 7:18

Figure 5.1.4 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
METABOLISM AND NUTRITION DISORDERS
Safety Subjects

Clinical Stage: III/IV



No. at Risk:

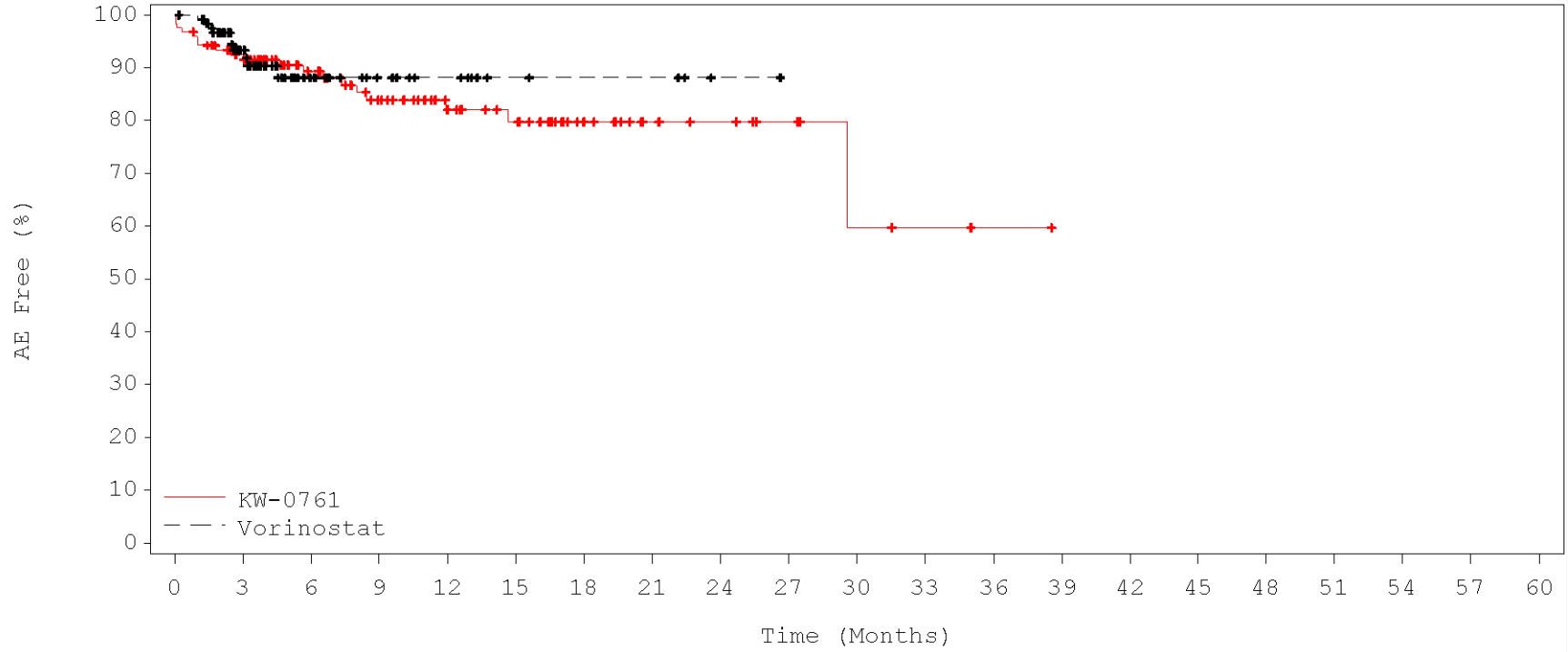
KW:	116	81	53	33	25	20	12	6	5	4	2	2	1	0	0	0	0	0
VOR:	114	45	19	8	6	3	3	2	2	1	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-5pct-subg.sas 06MAR2020 7:18

Figure 5.1.5 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS - PYREXIA
Safety Subjects

Blood Involvement: Yes



No. at Risk:

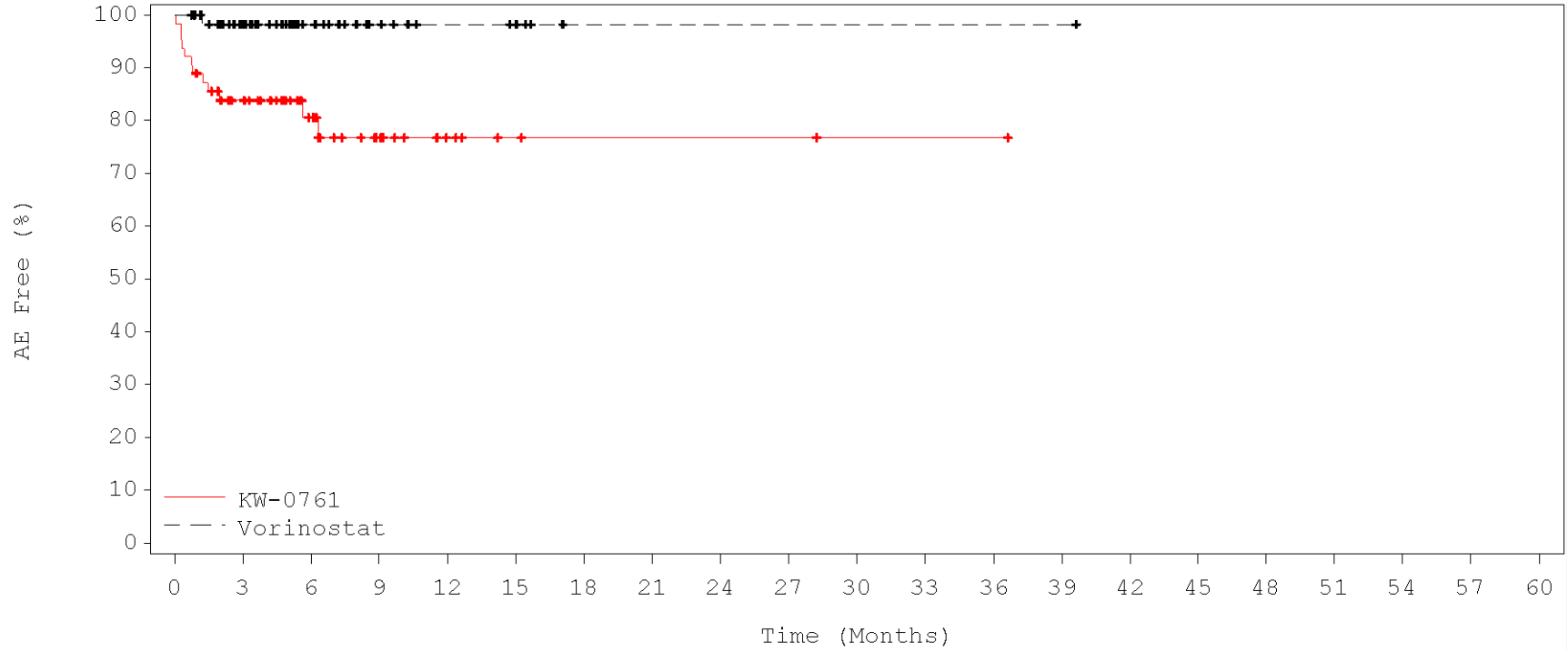
KW:	121	101	74	58	43	34	21	12	9	6	3	2	1	0	0	0	0	0
VOR:	122	66	26	15	10	5	4	4	1	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-5pct-subg.sas 06MAR2020 7:18

Figure 5.1.5 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS - PYREXIA
Safety Subjects

Blood Involvement: No



No. at Risk:

KW:	63	42	24	13	6	3	2	2	2	2	1	1	1	0	0	0	0	0
VOR:	62	39	20	10	6	5	1	1	1	1	1	1	1	1	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

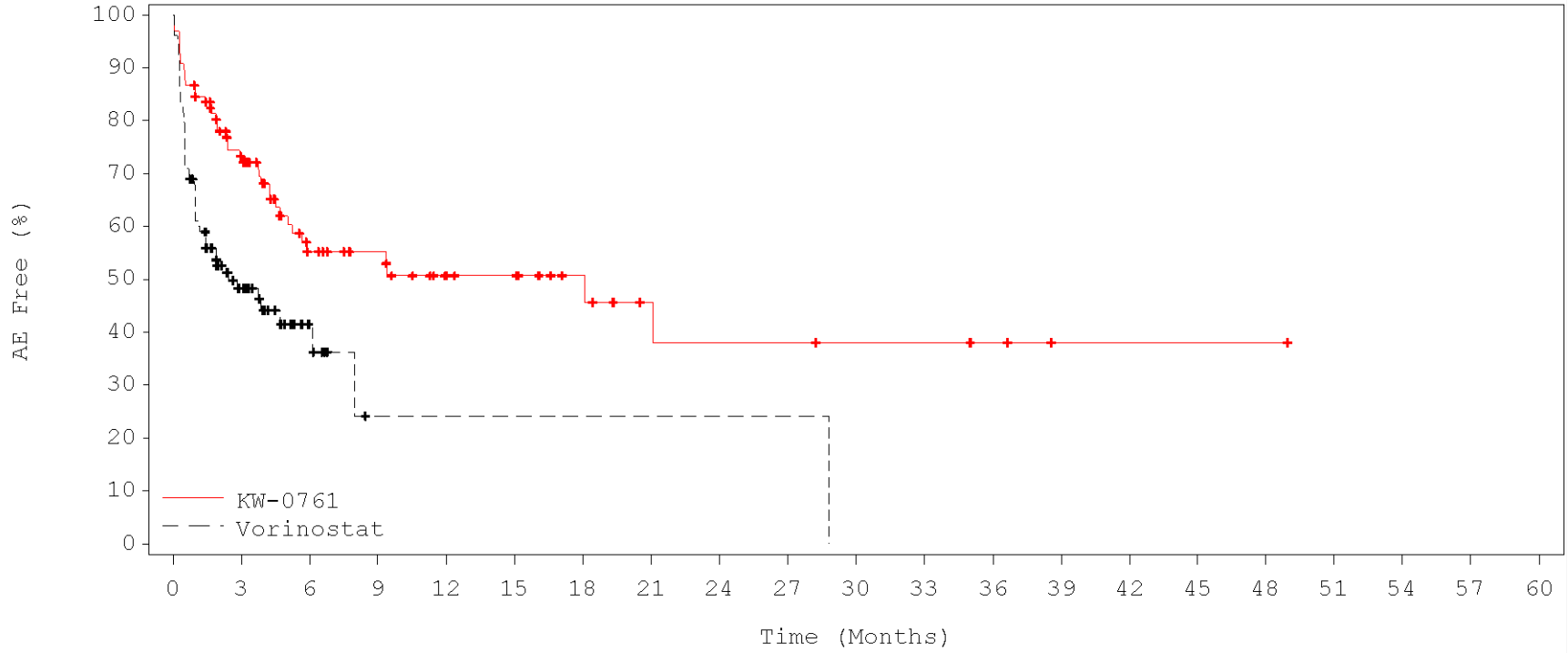
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-5pct-subg.sas 06MAR2020 7:18

Figure 5.1.6 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup

INVESTIGATIONS

Safety Subjects

Region: US



No. at Risk:

KW:	97	61	30	25	17	15	10	6	5	5	4	4	3	1	1	1	1	0
VOR:	103	29	8	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

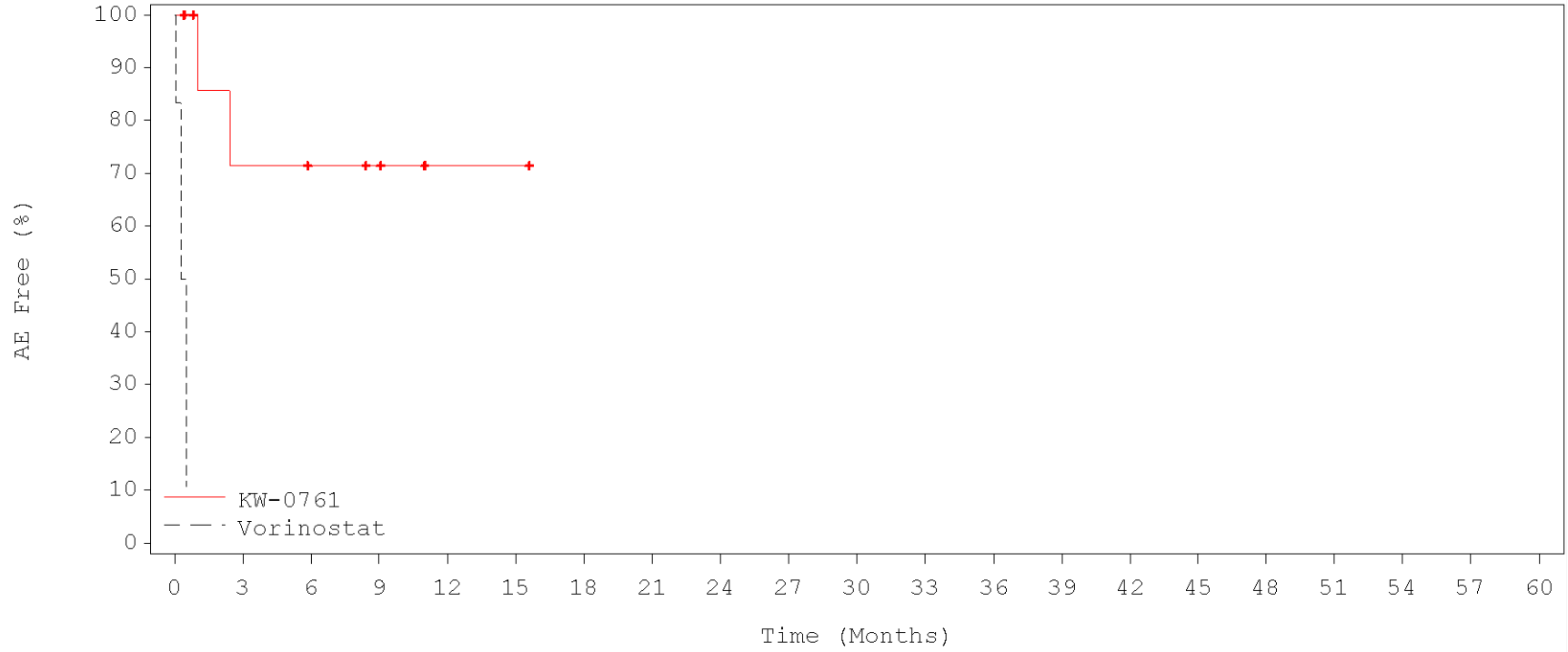
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-5pct-subg.sas 06MAR2020 7:18

Figure 5.1.6 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup

INVESTIGATIONS

Safety Subjects

Region: Japan



No. at Risk:

KW:	9	5	4	3	1	1	0	0	0	0	0	0	0	0	0	0	0	0
VOR:	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

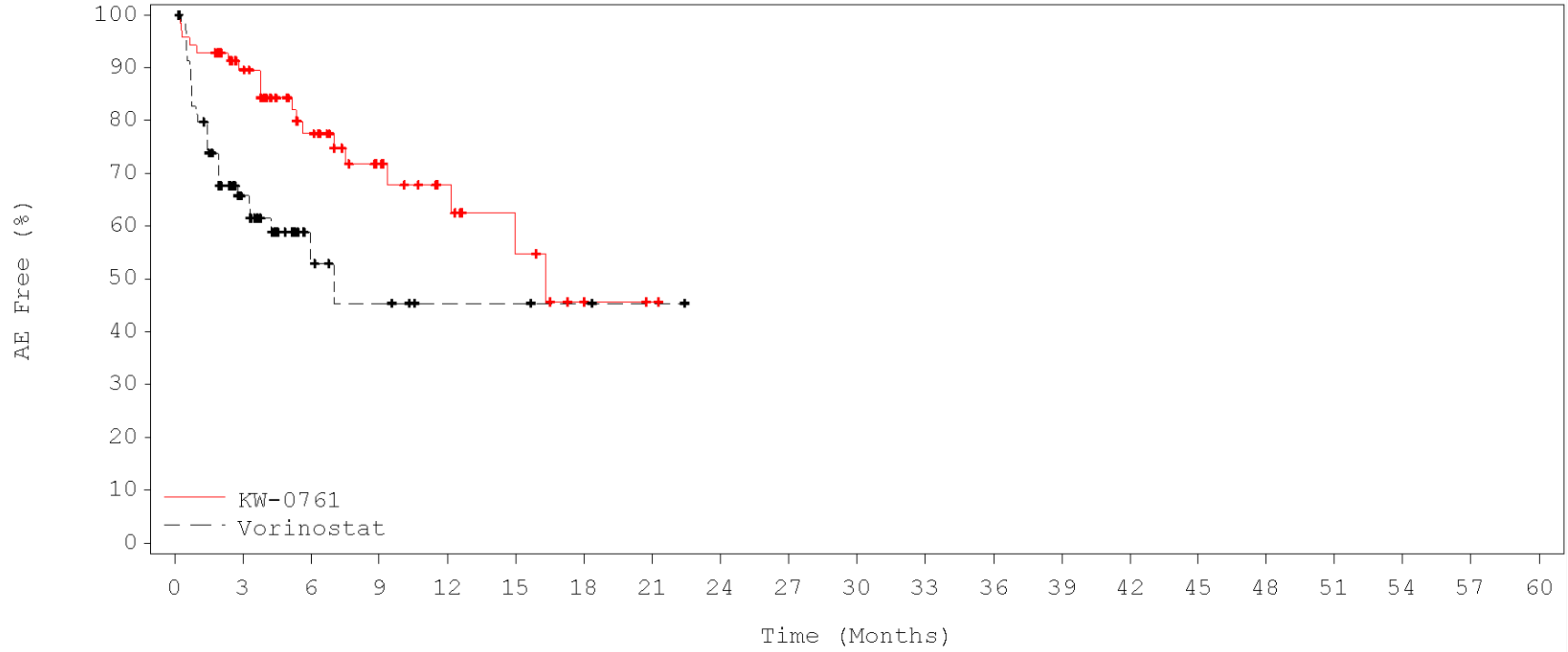
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-5pct-subg.sas 06MAR2020 7:18

Figure 5.1.6 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup

INVESTIGATIONS

Safety Subjects

Region: Europe



No. at Risk:

KW:	69	53	33	21	13	7	3	1	0	0	0	0	0	0	0	0	0	0
VOR:	70	31	9	6	3	3	2	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

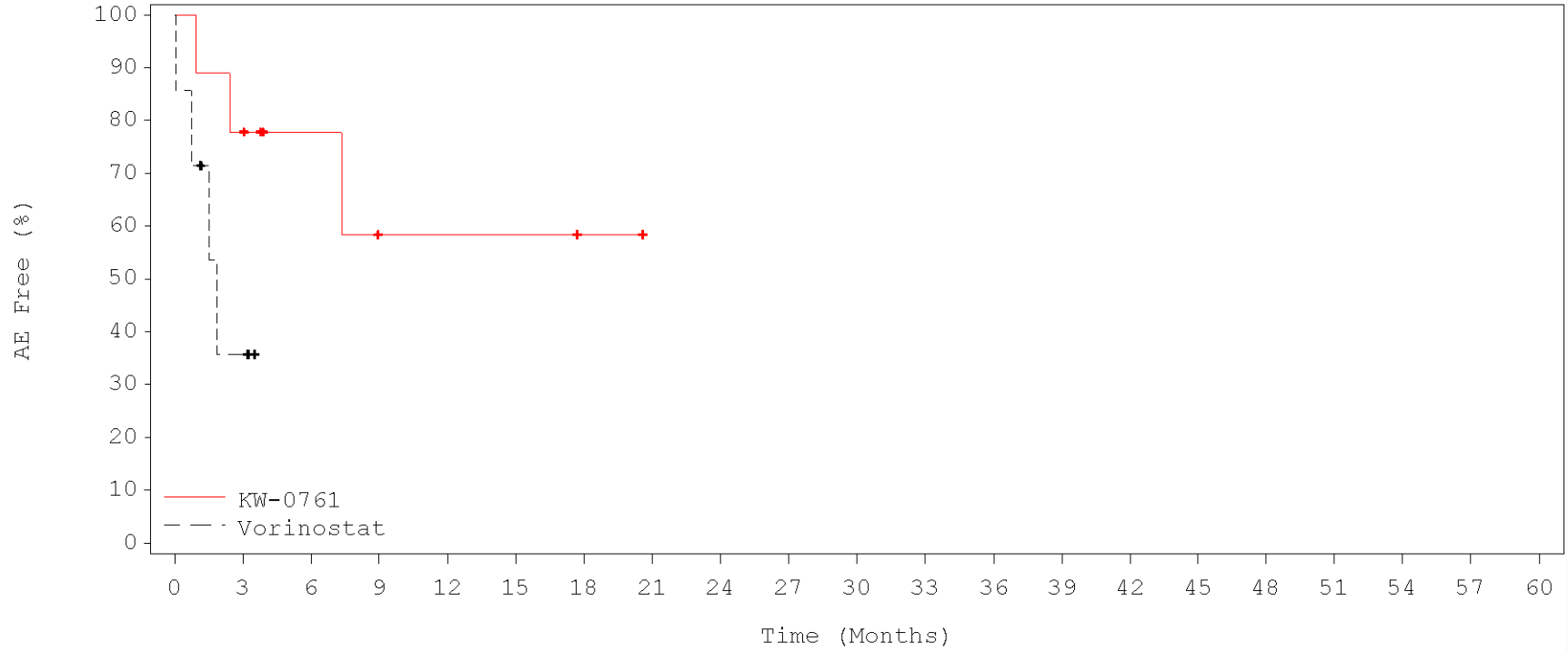
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-5pct-subg.sas 06MAR2020 7:18

Figure 5.1.6 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup

INVESTIGATIONS

Safety Subjects

Region: Australia



No. at Risk:

KW:	9	7	4	2	2	2	1	0	0	0	0	0	0	0	0	0	0
VOR:	7	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f-aept-5pct-subg.sas 06MAR2020 7:18

Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE)			
Male			
	Number of subjects with events	106	103
	Number of subjects censored	1	4
	Median time to events (95% CI)	0.13(0.10, 0.20)	0.20(0.03, 0.30)
	Hazard ratio (95% CI)		0.75(0.57, 1.00)
	P-value based on log-rank test		0.0078
	Interaction test p-value		0.9425

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t2-aept-5pct-sex.sas 06APR2020 9:20

Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE)			
Female			
	Number of subjects with events	77	73
	Number of subjects censored	2	4
	Median time to events (95% CI)	0.10(0.07, 0.17)	0.03(0.03, 0.23)
	Hazard ratio (95% CI)		0.88(0.63, 1.23)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t2-aept-5pct-sex.sas 06APR2020 9:20

Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Male			
	Number of subjects with events	41	23
	Number of subjects censored	66	84
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.33(0.19, 0.57)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.1775

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t2-aept-5pct-sex.sas 06APR2020 9:20

Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Female			
	Number of subjects with events	36	26
	Number of subjects censored	43	51
	Median time to events (95% CI)	5.17(2.33,38.63)	38.27(8.67, -)
	Hazard ratio (95% CI)		0.51(0.30, 0.86)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
Male			
	Number of subjects with events	32	11
	Number of subjects censored	75	96
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.23(0.11, 0.47)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.4564

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
Female			
	Number of subjects with events	26	11
	Number of subjects censored	53	66
	Median time to events (95% CI)	37.83(37.83, -)	-
	Hazard ratio (95% CI)		0.30(0.14, 0.63)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Male			
	Number of subjects with events	85	58
	Number of subjects censored	22	49
	Median time to events (95% CI)	0.27(0.20, 0.43)	8.93(5.63,11.63)
	Hazard ratio (95% CI)		0.25(0.17, 0.36)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.3439

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Female			
	Number of subjects with events	67	38
	Number of subjects censored	12	39
	Median time to events (95% CI)	0.23(0.13, 0.33)	9.50(2.87, -)
	Hazard ratio (95% CI)		0.23(0.15, 0.36)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN			
Male			
	Number of subjects with events	10	5
	Number of subjects censored	97	102
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.21(0.06, 0.74)
	P-value based on log-rank test		0.0001
	Interaction test p-value		0.5104

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN			
Female			
	Number of subjects with events	12	4
	Number of subjects censored	67	73
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.17(0.05, 0.57)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN UPPER			
Male			
	Number of subjects with events	6	1
	Number of subjects censored	101	106
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.10(0.01, 0.87)
	P-value based on log-rank test		0.0024
	Interaction test p-value		0.8173

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN UPPER			
Female			
	Number of subjects with events	5	1
	Number of subjects censored	74	76
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.10(0.01, 1.12)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
CONSTIPATION			
Male			
	Number of subjects with events	24	13
	Number of subjects censored	83	94
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.37(0.18, 0.74)
	P-value based on log-rank test		0.0045
	Interaction test p-value		0.1112

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
CONSTIPATION			
Female			
	Number of subjects with events	10	10
	Number of subjects censored	69	67
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		1.09(0.44, 2.70)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
Male			
	Number of subjects with events	64	28
	Number of subjects censored	43	79
	Median time to events (95% CI)	1.43(0.47, 3.27)	36.50(17.23, -)
	Hazard ratio (95% CI)		0.17(0.10, 0.27)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.4341

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
Female			
	Number of subjects with events	51	19
	Number of subjects censored	28	58
	Median time to events (95% CI)	0.53(0.37, 1.03)	37.17(15.37, -)
	Hazard ratio (95% CI)		0.16(0.09, 0.29)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DRY MOUTH			
Male			
	Number of subjects with events	9	1
	Number of subjects censored	98	106
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.10(0.01, 0.77)
	P-value based on log-rank test		0.0014
	Interaction test p-value		0.3232

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DRY MOUTH			
Female			
	Number of subjects with events	8	3
	Number of subjects censored	71	74
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.34(0.09, 1.34)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DYSPEPSIA			
Male			
	Number of subjects with events	9	2
	Number of subjects censored	98	105
	Median time to events (95% CI)	-	61.13(-)
	Hazard ratio (95% CI)		0.10(0.01, 0.80)
	P-value based on log-rank test		0.0028
	Interaction test p-value		0.9958

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DYSPEPSIA			
Female			
	Number of subjects with events	2	0
	Number of subjects censored	77	77
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
NAUSEA			
Male			
	Number of subjects with events	38	19
	Number of subjects censored	69	88
	Median time to events (95% CI)	-	54.10(54.10, -)
	Hazard ratio (95% CI)		0.31(0.17, 0.56)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.1116

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
NAUSEA			
Female			
	Number of subjects with events	41	11
	Number of subjects censored	38	66
	Median time to events (95% CI)	3.93(0.77,22.03)	-
	Hazard ratio (95% CI)		0.15(0.08, 0.30)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
VOMITING			
Male			
	Number of subjects with events	8	9
	Number of subjects censored	99	98
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.79(0.29, 2.12)
	P-value based on log-rank test		0.0076
	Interaction test p-value		0.0346

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
VOMITING			
Female			
	Number of subjects with events	16	4
	Number of subjects censored	63	73
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.19(0.06, 0.58)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Male			
	Number of subjects with events	73	60
	Number of subjects censored	34	47
	Median time to events (95% CI)	1.43(0.97, 2.13)	8.40(3.47,14.60)
	Hazard ratio (95% CI)		0.55(0.39, 0.79)
	P-value based on log-rank test		0.0002
	Interaction test p-value		0.3740

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Female			
	Number of subjects with events	53	49
	Number of subjects censored	26	28
	Median time to events (95% CI)	1.03(0.57, 2.50)	3.77(1.40, 7.93)
	Hazard ratio (95% CI)		0.73(0.49, 1.08)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
ASTHENIA			
Male			
	Number of subjects with events	12	8
	Number of subjects censored	95	99
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.54(0.22, 1.36)
	P-value based on log-rank test		0.0003
	Interaction test p-value		0.0209

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
ASTHENIA			
Female			
	Number of subjects with events	16	2
	Number of subjects censored	63	75
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.08(0.02, 0.37)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
Male			
	Number of subjects with events	43	24
	Number of subjects censored	64	83
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.42(0.25, 0.70)
	P-value based on log-rank test		0.0002
	Interaction test p-value		0.3526

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
Female			
	Number of subjects with events	27	20
	Number of subjects censored	52	57
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.68(0.38, 1.23)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
CELLULITIS			
Male			
	Number of subjects with events	6	4
	Number of subjects censored	101	103
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.33(0.08, 1.30)
	P-value based on log-rank test		0.0271
	Interaction test p-value		0.7962

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
CELLULITIS			
Female			
	Number of subjects with events	4	2
	Number of subjects censored	75	75
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.32(0.06, 1.82)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
NASOPHARYNGITIS			
Male			
	Number of subjects with events	13	8
	Number of subjects censored	94	99
	Median time to events (95% CI)	34.70(10.30,34.70)	-
	Hazard ratio (95% CI)		0.27(0.11, 0.69)
	P-value based on log-rank test		0.0210
	Interaction test p-value		0.0700

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
NASOPHARYNGITIS			
Female			
	Number of subjects with events	3	6
	Number of subjects censored	76	71
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		1.25(0.30, 5.20)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
Male			
	Number of subjects with events	14	43
	Number of subjects censored	93	64
	Median time to events (95% CI)	24.00(12.93, -)	16.77(10.10, -)
	Hazard ratio (95% CI)		3.05(1.65, 5.64)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.6581

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
Female			
	Number of subjects with events	14	39
	Number of subjects censored	65	38
	Median time to events (95% CI)	-	8.47(0.23, -)
	Hazard ratio (95% CI)		3.93(2.11, 7.32)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
INFUSION RELATED REACTION			
Male			
	Number of subjects with events	1	29
	Number of subjects censored	106	78
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		32.71(4.45, 240.6)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9849

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
INFUSION RELATED REACTION			
Female			
	Number of subjects with events	0	32
	Number of subjects censored	79	45
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		4.75E7(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
Male			
	Number of subjects with events	56	39
	Number of subjects censored	51	68
	Median time to events (95% CI)	4.70(1.50,28.80)	19.63(12.17, -)
	Hazard ratio (95% CI)		0.36(0.23, 0.55)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.6854

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
Female			
	Number of subjects with events	39	29
	Number of subjects censored	40	48
	Median time to events (95% CI)	3.73(1.90, -)	19.47(7.47, -)
	Hazard ratio (95% CI)		0.44(0.26, 0.74)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
BLOOD CREATININE INCREASED			
Male			
	Number of subjects with events	34	3
	Number of subjects censored	73	104
	Median time to events (95% CI)	28.80(8.50,28.80)	-
	Hazard ratio (95% CI)		0.05(0.02, 0.18)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.3410

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
BLOOD CREATININE INCREASED			
Female			
	Number of subjects with events	18	3
	Number of subjects censored	61	74
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.14(0.04, 0.46)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
PLATELET COUNT DECREASED			
Male			
	Number of subjects with events	13	1
	Number of subjects censored	94	106
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.05(0.01, 0.41)
	P-value based on log-rank test		0.0002
	Interaction test p-value		0.1015

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
PLATELET COUNT DECREASED			
Female			
	Number of subjects with events	6	3
	Number of subjects censored	73	74
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.45(0.11, 1.86)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
WEIGHT DECREASED			
Male			
	Number of subjects with events	14	6
	Number of subjects censored	93	101
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.22(0.08, 0.61)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.4181

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
WEIGHT DECREASED			
Female			
	Number of subjects with events	19	5
	Number of subjects censored	60	72
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.17(0.06, 0.46)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
Male			
	Number of subjects with events	43	36
	Number of subjects censored	64	71
	Median time to events (95% CI)	-	31.30(12.40, -)
	Hazard ratio (95% CI)		0.57(0.36, 0.90)
	P-value based on log-rank test		0.0005
	Interaction test p-value		0.7935

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
Female			
	Number of subjects with events	34	26
	Number of subjects censored	45	51
	Median time to events (95% CI)	12.83(1.93, -)	37.17(9.80, -)
	Hazard ratio (95% CI)		0.54(0.32, 0.92)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
DECREASED APPETITE			
Male			
	Number of subjects with events	28	11
	Number of subjects censored	79	96
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.23(0.11, 0.47)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.6588

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
DECREASED APPETITE			
Female			
	Number of subjects with events	18	5
	Number of subjects censored	61	72
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.23(0.09, 0.64)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS			
MUSCLE SPASMS			
Male			
	Number of subjects with events	16	7
	Number of subjects censored	91	100
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.23(0.09, 0.61)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.4658

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS			
MUSCLE SPASMS			
Female			
	Number of subjects with events	13	3
	Number of subjects censored	66	74
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.19(0.05, 0.68)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
Male			
	Number of subjects with events	63	36
	Number of subjects censored	44	71
	Median time to events (95% CI)	2.37(1.43, 4.00)	31.30(13.97,51.43)
	Hazard ratio (95% CI)		0.24(0.15, 0.39)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.0299

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
Female			
	Number of subjects with events	38	34
	Number of subjects censored	41	43
	Median time to events (95% CI)	4.23(1.73, -)	15.53(6.80,46.50)
	Hazard ratio (95% CI)		0.52(0.32, 0.86)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DIZZINESS			
Male			
	Number of subjects with events	12	7
	Number of subjects censored	95	100
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.28(0.10, 0.77)
	P-value based on log-rank test		0.0227
	Interaction test p-value		0.6882

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DIZZINESS			
Female			
	Number of subjects with events	7	5
	Number of subjects censored	72	72
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.59(0.18, 1.87)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DYSGEUSIA			
Male			
	Number of subjects with events	33	5
	Number of subjects censored	74	102
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.08(0.03, 0.24)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.8983

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DYSGEUSIA			
Female			
	Number of subjects with events	22	3
	Number of subjects censored	57	74
	Median time to events (95% CI)	32.27(32.27, -)	-
	Hazard ratio (95% CI)		0.11(0.03, 0.37)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
HEADACHE			
Male			
	Number of subjects with events	17	13
	Number of subjects censored	90	94
	Median time to events (95% CI)	-	60.87(-)
	Hazard ratio (95% CI)		0.52(0.24, 1.10)
	P-value based on log-rank test		0.0495
	Interaction test p-value		0.7218

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
HEADACHE			
Female			
	Number of subjects with events	12	12
	Number of subjects censored	67	65
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.68(0.29, 1.56)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
PARAESTHESIA			
Male			
	Number of subjects with events	9	2
	Number of subjects censored	98	105
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.15(0.03, 0.72)
	P-value based on log-rank test		0.0043
	Interaction test p-value		0.3735

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
PARAESTHESIA			
Female			
	Number of subjects with events	5	3
	Number of subjects censored	74	74
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.31(0.07, 1.37)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
RENAL AND URINARY DISORDERS			
Male			
	Number of subjects with events	24	16
	Number of subjects censored	83	91
	Median time to events (95% CI)	31.13(7.97,31.13)	57.37(43.00, -)
	Hazard ratio (95% CI)		0.29(0.14, 0.59)
	P-value based on log-rank test		0.0001
	Interaction test p-value		0.6940

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
RENAL AND URINARY DISORDERS			
Female			
	Number of subjects with events	15	10
	Number of subjects censored	64	67
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.44(0.19, 1.00)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
ALOPECIA			
Male			
	Number of subjects with events	16	11
	Number of subjects censored	91	96
	Median time to events (95% CI)	27.33(-)	-
	Hazard ratio (95% CI)		0.30(0.13, 0.70)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.0219

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
ALOPECIA			
Female			
	Number of subjects with events	20	3
	Number of subjects censored	59	74
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.07(0.02, 0.24)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
DRUG ERUPTION			
Male			
	Number of subjects with events	2	28
	Number of subjects censored	105	79
	Median time to events (95% CI)	-	52.00(15.93, -)
	Hazard ratio (95% CI)		9.62(2.26, 40.98)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9853

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
DRUG ERUPTION			
Female			
	Number of subjects with events	0	18
	Number of subjects censored	79	59
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		7.09E7(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
RASH			
Male			
	Number of subjects with events	6	7
	Number of subjects censored	101	100
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.43(0.11, 1.63)
	P-value based on log-rank test		0.0400
	Interaction test p-value		0.8791

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
RASH			
Female			
	Number of subjects with events	4	2
	Number of subjects censored	75	75
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.08(0.01, 0.84)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
VASCULAR DISORDERS			
Male			
	Number of subjects with events	25	21
	Number of subjects censored	82	86
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.56(0.30, 1.04)
	P-value based on log-rank test		0.0284
	Interaction test p-value		0.7987

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.

Table 12.0.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
VASCULAR DISORDERS			
Female			
	Number of subjects with events	14	11
	Number of subjects censored	65	66
	Median time to events (95% CI)	17.37(12.17, -)	-
	Hazard ratio (95% CI)		0.54(0.24, 1.22)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE)			
<65 Years			
	Number of subjects with events	88	94
	Number of subjects censored	1	5
	Median time to events (95% CI)	0.10(0.07, 0.13)	0.07(0.03, 0.27)
	Hazard ratio (95% CI)		0.80(0.59, 1.08)
	P-value based on log-rank test		0.0078
	Interaction test p-value		0.9214

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE)			
>=65 Years			
	Number of subjects with events	95	82
	Number of subjects censored	2	3
	Median time to events (95% CI)	0.17(0.10, 0.27)	0.10(0.03, 0.27)
	Hazard ratio (95% CI)		0.79(0.58, 1.08)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
<65 Years			
	Number of subjects with events	32	23
	Number of subjects censored	57	76
	Median time to events (95% CI)	38.63(5.17,38.63)	-
	Hazard ratio (95% CI)		0.40(0.23, 0.70)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.8388

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
>=65 Years			
	Number of subjects with events	45	26
	Number of subjects censored	52	59
	Median time to events (95% CI)	5.87(1.43, -)	38.27(9.90, -)
	Hazard ratio (95% CI)		0.41(0.25, 0.70)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
<65 Years			
	Number of subjects with events	21	8
	Number of subjects censored	68	91
	Median time to events (95% CI)	37.83(37.83, -)	-
	Hazard ratio (95% CI)		0.24(0.10, 0.55)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.7720

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
>=65 Years			
	Number of subjects with events	37	14
	Number of subjects censored	60	71
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.29(0.15, 0.56)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
<65 Years			
	Number of subjects with events	71	48
	Number of subjects censored	18	51
	Median time to events (95% CI)	0.27(0.13, 0.43)	11.13(5.37, -)
	Hazard ratio (95% CI)		0.26(0.17, 0.38)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.7970

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
>=65 Years			
	Number of subjects with events	81	48
	Number of subjects censored	16	37
	Median time to events (95% CI)	0.27(0.17, 0.43)	7.83(3.87,13.57)
	Hazard ratio (95% CI)		0.22(0.14, 0.33)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN			
<65 Years			
	Number of subjects with events	18	5
	Number of subjects censored	71	94
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.14(0.05, 0.39)
	P-value based on log-rank test		0.0001
	Interaction test p-value		0.0670

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN			
>=65 Years			
	Number of subjects with events	4	4
	Number of subjects censored	93	81
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.75(0.18, 3.18)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN UPPER			
<65 Years			
	Number of subjects with events	5	0
	Number of subjects censored	84	99
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		0.0024
	Interaction test p-value		0.9934

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN UPPER			
>=65 Years			
	Number of subjects with events	6	2
	Number of subjects censored	91	83
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.14(0.02, 1.18)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
CONSTIPATION			
<65 Years			
	Number of subjects with events	15	11
	Number of subjects censored	74	88
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.48(0.21, 1.06)
	P-value based on log-rank test		0.0045
	Interaction test p-value		0.7852

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
CONSTIPATION			
>=65 Years			
	Number of subjects with events	19	12
	Number of subjects censored	78	73
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.55(0.26, 1.17)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
<65 Years			
	Number of subjects with events	57	28
	Number of subjects censored	32	71
	Median time to events (95% CI)	0.57(0.30, 2.23)	36.50(17.23,36.50)
	Hazard ratio (95% CI)		0.20(0.12, 0.32)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.3721

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
>=65 Years			
	Number of subjects with events	58	19
	Number of subjects censored	39	66
	Median time to events (95% CI)	1.20(0.53, 2.83)	37.17(17.20, -)
	Hazard ratio (95% CI)		0.14(0.08, 0.25)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DRY MOUTH			
<65 Years			
	Number of subjects with events	7	2
	Number of subjects censored	82	97
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.21(0.04, 1.03)
	P-value based on log-rank test		0.0014
	Interaction test p-value		0.8966

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DRY MOUTH			
>=65 Years			
	Number of subjects with events	10	2
	Number of subjects censored	87	83
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.14(0.03, 0.70)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DYSPEPSIA			
<65 Years			
	Number of subjects with events	4	0
	Number of subjects censored	85	99
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		0.0028
	Interaction test p-value		0.9942

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DYSPEPSIA			
>=65 Years			
	Number of subjects with events	7	2
	Number of subjects censored	90	83
	Median time to events (95% CI)	-	61.13(-)
	Hazard ratio (95% CI)		0.17(0.02, 1.38)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
NAUSEA			
<65 Years			
	Number of subjects with events	44	13
	Number of subjects censored	45	86
	Median time to events (95% CI)	3.33(0.90, -)	-
	Hazard ratio (95% CI)		0.14(0.07, 0.28)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.0311

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
NAUSEA			
>=65 Years			
	Number of subjects with events	35	17
	Number of subjects censored	62	68
	Median time to events (95% CI)	22.03(5.50, -)	54.10(54.10, -)
	Hazard ratio (95% CI)		0.34(0.18, 0.64)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
VOMITING			
<65 Years			
	Number of subjects with events	11	7
	Number of subjects censored	78	92
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.42(0.16, 1.13)
	P-value based on log-rank test		0.0076
	Interaction test p-value		0.8981

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
VOMITING			
>=65 Years			
	Number of subjects with events	13	6
	Number of subjects censored	84	79
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.34(0.12, 0.97)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
<65 Years			
	Number of subjects with events	56	58
	Number of subjects censored	33	41
	Median time to events (95% CI)	1.83(1.23, 2.50)	6.50(2.83,11.87)
	Hazard ratio (95% CI)		0.63(0.43, 0.92)
	P-value based on log-rank test		0.0002
	Interaction test p-value		0.6893

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
>=65 Years			
	Number of subjects with events	70	51
	Number of subjects censored	27	34
	Median time to events (95% CI)	1.00(0.57, 1.87)	7.13(1.40,11.93)
	Hazard ratio (95% CI)		0.63(0.43, 0.93)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
ASTHENIA			
<65 Years			
	Number of subjects with events	14	6
	Number of subjects censored	75	93
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.25(0.10, 0.67)
	P-value based on log-rank test		0.0003
	Interaction test p-value		0.9693

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
ASTHENIA			
>=65 Years			
	Number of subjects with events	14	4
	Number of subjects censored	83	81
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.22(0.07, 0.72)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
<65 Years			
	Number of subjects with events	28	20
	Number of subjects censored	61	79
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.51(0.29, 0.92)
	P-value based on log-rank test		0.0002
	Interaction test p-value		0.9008

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
>=65 Years			
	Number of subjects with events	42	24
	Number of subjects censored	55	61
	Median time to events (95% CI)	11.83(2.83, -)	-
	Hazard ratio (95% CI)		0.57(0.34, 0.95)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
CELLULITIS			
<65 Years			
	Number of subjects with events	5	4
	Number of subjects censored	84	95
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.43(0.11, 1.64)
	P-value based on log-rank test		0.0271
	Interaction test p-value		0.5926

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
CELLULITIS			
>=65 Years			
	Number of subjects with events	5	2
	Number of subjects censored	92	83
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.18(0.02, 1.53)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
NASOPHARYNGITIS			
<65 Years			
	Number of subjects with events	11	9
	Number of subjects censored	78	90
	Median time to events (95% CI)	34.70(10.30, -)	-
	Hazard ratio (95% CI)		0.41(0.17, 1.02)
	P-value based on log-rank test		0.0210
	Interaction test p-value		0.7756

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
NASOPHARYNGITIS			
>=65 Years			
	Number of subjects with events	5	5
	Number of subjects censored	92	80
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.50(0.12, 2.00)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
<65 Years			
	Number of subjects with events	12	43
	Number of subjects censored	77	56
	Median time to events (95% CI)	24.00(12.93, -)	16.00(8.13, -)
	Hazard ratio (95% CI)		3.51(1.84, 6.68)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.6631

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
>=65 Years			
	Number of subjects with events	16	39
	Number of subjects censored	81	46
	Median time to events (95% CI)	-	36.40(0.60, -)
	Hazard ratio (95% CI)		3.43(1.89, 6.22)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
INFUSION RELATED REACTION			
<65 Years			
	Number of subjects with events	1	30
	Number of subjects censored	88	69
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		32.69(4.45, 240.0)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9821

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
INFUSION RELATED REACTION			
>=65 Years			
	Number of subjects with events	0	31
	Number of subjects censored	97	54
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		4.4E7(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
<65 Years			
	Number of subjects with events	42	33
	Number of subjects censored	47	66
	Median time to events (95% CI)	7.00(1.90, -)	53.00(12.17, -)
	Hazard ratio (95% CI)		0.40(0.25, 0.65)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.7880

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
>=65 Years			
	Number of subjects with events	53	35
	Number of subjects censored	44	50
	Median time to events (95% CI)	2.77(1.43, 6.10)	16.33(9.37, -)
	Hazard ratio (95% CI)		0.42(0.26, 0.67)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
BLOOD CREATININE INCREASED			
<65 Years			
	Number of subjects with events	22	0
	Number of subjects censored	67	99
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9865

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
BLOOD CREATININE INCREASED			
>=65 Years			
	Number of subjects with events	30	6
	Number of subjects censored	67	79
	Median time to events (95% CI)	24.77(24.77, -)	-
	Hazard ratio (95% CI)		0.16(0.07, 0.40)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
PLATELET COUNT DECREASED			
<65 Years			
	Number of subjects with events	8	1
	Number of subjects censored	81	98
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.11(0.01, 0.87)
	P-value based on log-rank test		0.0002
	Interaction test p-value		0.3812

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
PLATELET COUNT DECREASED			
>=65 Years			
	Number of subjects with events	11	3
	Number of subjects censored	86	82
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.25(0.07, 0.92)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
WEIGHT DECREASED			
<65 Years			
	Number of subjects with events	15	4
	Number of subjects censored	74	95
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.14(0.05, 0.44)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.4082

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
WEIGHT DECREASED			
>=65 Years			
	Number of subjects with events	18	7
	Number of subjects censored	79	78
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.26(0.10, 0.65)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
<65 Years			
	Number of subjects with events	33	32
	Number of subjects censored	56	67
	Median time to events (95% CI)	27.80(27.80, -)	-
	Hazard ratio (95% CI)		0.63(0.39, 1.04)
	P-value based on log-rank test		0.0005
	Interaction test p-value		0.6599

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
>=65 Years			
	Number of subjects with events	44	30
	Number of subjects censored	53	55
	Median time to events (95% CI)	7.07(1.93, -)	31.30(9.80, -)
	Hazard ratio (95% CI)		0.53(0.33, 0.87)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
DECREASED APPETITE			
<65 Years			
	Number of subjects with events	17	9
	Number of subjects censored	72	90
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.34(0.15, 0.78)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.2832

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
DECREASED APPETITE			
>=65 Years			
	Number of subjects with events	29	7
	Number of subjects censored	68	78
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.17(0.07, 0.43)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS			
MUSCLE SPASMS			
<65 Years			
	Number of subjects with events	16	3
	Number of subjects censored	73	96
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.11(0.03, 0.40)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.1356

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS			
MUSCLE SPASMS			
>=65 Years			
	Number of subjects with events	13	7
	Number of subjects censored	84	78
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.31(0.11, 0.87)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
<65 Years			
	Number of subjects with events	54	35
	Number of subjects censored	35	64
	Median time to events (95% CI)	1.93(0.97, 2.90)	-
	Hazard ratio (95% CI)		0.29(0.18, 0.46)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.1611

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
>=65 Years			
	Number of subjects with events	47	35
	Number of subjects censored	50	50
	Median time to events (95% CI)	4.00(1.90, -)	27.80(9.77,46.50)
	Hazard ratio (95% CI)		0.41(0.25, 0.68)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DIZZINESS			
<65 Years			
	Number of subjects with events	10	6
	Number of subjects censored	79	93
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.41(0.15, 1.16)
	P-value based on log-rank test		0.0227
	Interaction test p-value		0.7240

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DIZZINESS			
>=65 Years			
	Number of subjects with events	9	6
	Number of subjects censored	88	79
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.33(0.10, 1.02)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DYSGEUSIA			
<65 Years			
	Number of subjects with events	27	2
	Number of subjects censored	62	97
	Median time to events (95% CI)	32.27(32.27, -)	-
	Hazard ratio (95% CI)		0.04(0.01, 0.17)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.1242

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DYSGEUSIA			
>=65 Years			
	Number of subjects with events	28	6
	Number of subjects censored	69	79
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.16(0.06, 0.43)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
HEADACHE			
<65 Years			
	Number of subjects with events	21	18
	Number of subjects censored	68	81
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.57(0.30, 1.07)
	P-value based on log-rank test		0.0495
	Interaction test p-value		0.8250

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
HEADACHE			
>=65 Years			
	Number of subjects with events	8	7
	Number of subjects censored	89	78
	Median time to events (95% CI)	-	60.87(-)
	Hazard ratio (95% CI)		0.47(0.15, 1.49)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
PARAESTHESIA			
<65 Years			
	Number of subjects with events	9	3
	Number of subjects censored	80	96
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.20(0.05, 0.75)
	P-value based on log-rank test		0.0043
	Interaction test p-value		0.8483

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
PARAESTHESIA			
>=65 Years			
	Number of subjects with events	5	2
	Number of subjects censored	92	83
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.34(0.06, 1.90)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
RENAL AND URINARY DISORDERS			
<65 Years			
	Number of subjects with events	10	10
	Number of subjects censored	79	89
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.60(0.24, 1.47)
	P-value based on log-rank test		0.0001
	Interaction test p-value		0.1607

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
RENAL AND URINARY DISORDERS			
>=65 Years			
	Number of subjects with events	29	16
	Number of subjects censored	68	69
	Median time to events (95% CI)	-	57.37(43.00,57.37)
	Hazard ratio (95% CI)		0.27(0.14, 0.54)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
ALOPECIA			
<65 Years			
	Number of subjects with events	17	8
	Number of subjects censored	72	91
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.22(0.09, 0.52)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.4914

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
ALOPECIA			
>=65 Years			
	Number of subjects with events	19	6
	Number of subjects censored	78	79
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.13(0.04, 0.40)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
DRUG ERUPTION			
<65 Years			
	Number of subjects with events	1	19
	Number of subjects censored	88	80
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		12.58(1.67, 94.44)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.6874

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
DRUG ERUPTION			
>=65 Years			
	Number of subjects with events	1	27
	Number of subjects censored	96	58
	Median time to events (95% CI)	-	25.00(13.13,52.00)
	Hazard ratio (95% CI)		19.93(2.67, 148.6)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
RASH			
<65 Years			
	Number of subjects with events	7	4
	Number of subjects censored	82	95
	Median time to events (95% CI)	-	46.93(46.93, -)
	Hazard ratio (95% CI)		0.26(0.07, 1.06)
	P-value based on log-rank test		0.0400
	Interaction test p-value		0.2732

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
RASH			
>=65 Years			
	Number of subjects with events	3	5
	Number of subjects censored	94	80
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.15(0.02, 1.24)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
VASCULAR DISORDERS			
<65 Years			
	Number of subjects with events	22	15
	Number of subjects censored	67	84
	Median time to events (95% CI)	17.37(16.37, -)	-
	Hazard ratio (95% CI)		0.46(0.24, 0.90)
	P-value based on log-rank test		0.0284
	Interaction test p-value		0.2471

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
VASCULAR DISORDERS			
>=65 Years			
	Number of subjects with events	17	17
	Number of subjects censored	80	68
	Median time to events (95% CI)	20.60(13.17, -)	-
	Hazard ratio (95% CI)		0.63(0.31, 1.31)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE)			
Mycosis Fungoides (MF)			
	Number of subjects with events	97	99
	Number of subjects censored	2	6
	Median time to events (95% CI)	0.13(0.10, 0.20)	0.17(0.03, 0.27)
	Hazard ratio (95% CI)		0.79(0.59, 1.05)
	P-value based on log-rank test		0.0078
	Interaction test p-value		0.8330

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE)			
Sezary Syndrome (SS)			
	Number of subjects with events	86	77
	Number of subjects censored	1	2
	Median time to events (95% CI)	0.13(0.07, 0.20)	0.03(0.03, 0.27)
	Hazard ratio (95% CI)		0.81(0.58, 1.12)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Mycosis Fungoides (MF)			
	Number of subjects with events	35	19
	Number of subjects censored	64	86
	Median time to events (95% CI)	38.63(5.17,38.63)	-
	Hazard ratio (95% CI)		0.34(0.19, 0.60)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.5437

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Sezary Syndrome (SS)			
	Number of subjects with events	42	30
	Number of subjects censored	45	49
	Median time to events (95% CI)	5.87(1.47, -)	38.27(8.07, -)
	Hazard ratio (95% CI)		0.47(0.29, 0.78)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
Mycosis Fungoides (MF)			
	Number of subjects with events	25	7
	Number of subjects censored	74	98
	Median time to events (95% CI)	37.83(37.83, -)	-
	Hazard ratio (95% CI)		0.21(0.09, 0.49)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.4958

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
Sezary Syndrome (SS)			
	Number of subjects with events	33	15
	Number of subjects censored	54	64
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.31(0.16, 0.60)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Mycosis Fungoides (MF)			
	Number of subjects with events	82	50
	Number of subjects censored	17	55
	Median time to events (95% CI)	0.27(0.13, 0.33)	11.20(5.60,15.37)
	Hazard ratio (95% CI)		0.23(0.15, 0.33)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.7335

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Sezary Syndrome (SS)			
	Number of subjects with events	70	46
	Number of subjects censored	17	33
	Median time to events (95% CI)	0.27(0.17, 0.43)	8.93(3.77,13.57)
	Hazard ratio (95% CI)		0.26(0.17, 0.40)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN			
Mycosis Fungoides (MF)			
	Number of subjects with events	16	6
	Number of subjects censored	83	99
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.20(0.07, 0.54)
	P-value based on log-rank test		0.0001
	Interaction test p-value		0.8223

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN			
Sezary Syndrome (SS)			
	Number of subjects with events	6	3
	Number of subjects censored	81	76
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.33(0.08, 1.38)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN UPPER			
Mycosis Fungoides (MF)			
	Number of subjects with events	6	0
	Number of subjects censored	93	105
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		0.0024
	Interaction test p-value		0.9932

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN UPPER			
Sezary Syndrome (SS)			
	Number of subjects with events	5	2
	Number of subjects censored	82	77
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.20(0.02, 1.75)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
CONSTIPATION			
Mycosis Fungoides (MF)			
	Number of subjects with events	18	12
	Number of subjects censored	81	93
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.52(0.25, 1.09)
	P-value based on log-rank test		0.0045
	Interaction test p-value		0.9920

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
CONSTIPATION			
Sezary Syndrome (SS)			
	Number of subjects with events	16	11
	Number of subjects censored	71	68
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.43(0.19, 0.99)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
Mycosis Fungoides (MF)			
	Number of subjects with events	68	26
	Number of subjects censored	31	79
	Median time to events (95% CI)	0.63(0.43, 1.90)	36.50(15.37, -)
	Hazard ratio (95% CI)		0.16(0.10, 0.26)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.7026

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
Sezary Syndrome (SS)			
	Number of subjects with events	47	21
	Number of subjects censored	40	58
	Median time to events (95% CI)	1.03(0.40, -)	37.17(17.20, -)
	Hazard ratio (95% CI)		0.20(0.11, 0.35)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DRY MOUTH			
Mycosis Fungoides (MF)			
	Number of subjects with events	10	1
	Number of subjects censored	89	104
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.08(0.01, 0.63)
	P-value based on log-rank test		0.0014
	Interaction test p-value		0.2344

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DRY MOUTH			
Sezary Syndrome (SS)			
	Number of subjects with events	7	3
	Number of subjects censored	80	76
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.35(0.08, 1.54)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DYSPEPSIA			
Mycosis Fungoides (MF)			
	Number of subjects with events	6	0
	Number of subjects censored	93	105
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		0.0028
	Interaction test p-value		0.9935

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DYSPEPSIA			
Sezary Syndrome (SS)			
	Number of subjects with events	5	2
	Number of subjects censored	82	77
	Median time to events (95% CI)	-	61.13(-)
	Hazard ratio (95% CI)		0.20(0.02, 1.69)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
NAUSEA			
Mycosis Fungoides (MF)			
	Number of subjects with events	42	16
	Number of subjects censored	57	89
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.22(0.12, 0.40)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9400

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
NAUSEA			
Sezary Syndrome (SS)			
	Number of subjects with events	37	14
	Number of subjects censored	50	65
	Median time to events (95% CI)	10.73(2.00,22.03)	-
	Hazard ratio (95% CI)		0.23(0.12, 0.45)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
VOMITING			
Mycosis Fungoides (MF)			
	Number of subjects with events	14	9
	Number of subjects censored	85	96
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.51(0.22, 1.19)
	P-value based on log-rank test		0.0076
	Interaction test p-value		0.4509

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
VOMITING			
Sezary Syndrome (SS)			
	Number of subjects with events	10	4
	Number of subjects censored	77	75
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.24(0.06, 0.89)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Mycosis Fungoides (MF)			
	Number of subjects with events	67	59
	Number of subjects censored	32	46
	Median time to events (95% CI)	1.00(0.70, 2.13)	5.20(1.53,20.33)
	Hazard ratio (95% CI)		0.67(0.47, 0.96)
	P-value based on log-rank test		0.0002
	Interaction test p-value		0.8306

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Sezary Syndrome (SS)			
	Number of subjects with events	59	50
	Number of subjects censored	28	29
	Median time to events (95% CI)	1.67(0.93, 2.50)	7.93(2.83,12.97)
	Hazard ratio (95% CI)		0.54(0.36, 0.81)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
ASTHENIA			
Mycosis Fungoides (MF)			
	Number of subjects with events	18	7
	Number of subjects censored	81	98
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.32(0.13, 0.78)
	P-value based on log-rank test		0.0003
	Interaction test p-value		0.6510

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
ASTHENIA			
Sezary Syndrome (SS)			
	Number of subjects with events	10	3
	Number of subjects censored	77	76
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.25(0.06, 0.99)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
Mycosis Fungoides (MF)			
	Number of subjects with events	38	26
	Number of subjects censored	61	79
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.60(0.36, 0.99)
	P-value based on log-rank test		0.0002
	Interaction test p-value		0.4274

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
Sezary Syndrome (SS)			
	Number of subjects with events	32	18
	Number of subjects censored	55	61
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.39(0.21, 0.72)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
CELLULITIS			
Mycosis Fungoides (MF)			
	Number of subjects with events	8	0
	Number of subjects censored	91	105
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		0.0271
	Interaction test p-value		0.9910

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
CELLULITIS			
Sezary Syndrome (SS)			
	Number of subjects with events	2	6
	Number of subjects censored	85	73
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		1.56(0.29, 8.51)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
NASOPHARYNGITIS			
Mycosis Fungoides (MF)			
	Number of subjects with events	11	7
	Number of subjects censored	88	98
	Median time to events (95% CI)	34.70(11.20, -)	-
	Hazard ratio (95% CI)		0.41(0.16, 1.06)
	P-value based on log-rank test		0.0210
	Interaction test p-value		0.6896

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
NASOPHARYNGITIS			
Sezary Syndrome (SS)			
	Number of subjects with events	5	7
	Number of subjects censored	82	72
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.47(0.14, 1.64)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
Mycosis Fungoides (MF)			
	Number of subjects with events	14	39
	Number of subjects censored	85	66
	Median time to events (95% CI)	-	16.00(8.47, -)
	Hazard ratio (95% CI)		2.95(1.60, 5.46)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.5950

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
Sezary Syndrome (SS)			
	Number of subjects with events	14	43
	Number of subjects censored	73	36
	Median time to events (95% CI)	-	7.50(0.03, -)
	Hazard ratio (95% CI)		4.23(2.28, 7.82)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
INFUSION RELATED REACTION			
Mycosis Fungoides (MF)			
	Number of subjects with events	1	29
	Number of subjects censored	98	76
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		31.47(4.28, 231.3)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9839

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
INFUSION RELATED REACTION			
Sezary Syndrome (SS)			
	Number of subjects with events	0	32
	Number of subjects censored	87	47
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		4.66E7(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
Mycosis Fungoides (MF)			
	Number of subjects with events	50	28
	Number of subjects censored	49	77
	Median time to events (95% CI)	4.23(1.90, 7.93)	21.07(18.10,53.00)
	Hazard ratio (95% CI)		0.26(0.16, 0.43)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.0627

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
Sezary Syndrome (SS)			
	Number of subjects with events	45	40
	Number of subjects censored	42	39
	Median time to events (95% CI)	3.73(1.43, -)	12.17(5.13, -)
	Hazard ratio (95% CI)		0.54(0.35, 0.85)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
BLOOD CREATININE INCREASED			
Mycosis Fungoides (MF)			
	Number of subjects with events	28	1
	Number of subjects censored	71	104
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.02(0.00, 0.16)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.0947

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
BLOOD CREATININE INCREASED			
Sezary Syndrome (SS)			
	Number of subjects with events	24	5
	Number of subjects censored	63	74
	Median time to events (95% CI)	24.77(-)	-
	Hazard ratio (95% CI)		0.15(0.05, 0.41)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
PLATELET COUNT DECREASED			
Mycosis Fungoides (MF)			
	Number of subjects with events	11	1
	Number of subjects censored	88	104
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.05(0.01, 0.39)
	P-value based on log-rank test		0.0002
	Interaction test p-value		0.1688

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
PLATELET COUNT DECREASED			
Sezary Syndrome (SS)			
	Number of subjects with events	8	3
	Number of subjects censored	79	76
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.36(0.09, 1.35)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
WEIGHT DECREASED			
Mycosis Fungoides (MF)			
	Number of subjects with events	17	3
	Number of subjects censored	82	102
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.12(0.03, 0.40)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.2198

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
WEIGHT DECREASED			
Sezary Syndrome (SS)			
	Number of subjects with events	16	8
	Number of subjects censored	71	71
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.26(0.10, 0.64)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
Mycosis Fungoides (MF)			
	Number of subjects with events	43	31
	Number of subjects censored	56	74
	Median time to events (95% CI)	27.80(1.70, -)	-
	Hazard ratio (95% CI)		0.51(0.32, 0.82)
	P-value based on log-rank test		0.0005
	Interaction test p-value		0.3707

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
Sezary Syndrome (SS)			
	Number of subjects with events	34	31
	Number of subjects censored	53	48
	Median time to events (95% CI)	12.83(5.13, -)	31.30(8.87, -)
	Hazard ratio (95% CI)		0.58(0.35, 0.97)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
DECREASED APPETITE			
Mycosis Fungoides (MF)			
	Number of subjects with events	24	7
	Number of subjects censored	75	98
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.22(0.10, 0.52)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.5201

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
DECREASED APPETITE			
Sezary Syndrome (SS)			
	Number of subjects with events	22	9
	Number of subjects censored	65	70
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.23(0.10, 0.54)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS			
MUSCLE SPASMS			
Mycosis Fungoides (MF)			
	Number of subjects with events	14	5
	Number of subjects censored	85	100
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.22(0.08, 0.62)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9492

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS			
MUSCLE SPASMS			
Sezary Syndrome (SS)			
	Number of subjects with events	15	5
	Number of subjects censored	72	74
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.24(0.09, 0.69)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
Mycosis Fungoides (MF)			
	Number of subjects with events	56	35
	Number of subjects censored	43	70
	Median time to events (95% CI)	2.83(1.23, 5.97)	-
	Hazard ratio (95% CI)		0.36(0.23, 0.56)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.6612

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
Sezary Syndrome (SS)			
	Number of subjects with events	45	35
	Number of subjects censored	42	44
	Median time to events (95% CI)	2.37(1.77, -)	18.90(9.30,33.60)
	Hazard ratio (95% CI)		0.32(0.19, 0.53)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DIZZINESS			
Mycosis Fungoides (MF)			
	Number of subjects with events	11	7
	Number of subjects censored	88	98
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.47(0.18, 1.23)
	P-value based on log-rank test		0.0227
	Interaction test p-value		0.8079

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DIZZINESS			
Sezary Syndrome (SS)			
	Number of subjects with events	8	5
	Number of subjects censored	79	74
	Median time to events (95% CI)	16.77(16.77, -)	-
	Hazard ratio (95% CI)		0.29(0.08, 1.02)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DYSGEUSIA			
Mycosis Fungoides (MF)			
	Number of subjects with events	27	3
	Number of subjects censored	72	102
	Median time to events (95% CI)	32.27(32.27, -)	-
	Hazard ratio (95% CI)		0.08(0.03, 0.28)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.6315

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DYSGEUSIA			
Sezary Syndrome (SS)			
	Number of subjects with events	28	5
	Number of subjects censored	59	74
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.09(0.03, 0.28)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
HEADACHE			
Mycosis Fungoides (MF)			
	Number of subjects with events	23	15
	Number of subjects censored	76	90
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.49(0.25, 0.95)
	P-value based on log-rank test		0.0495
	Interaction test p-value		0.2185

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
HEADACHE			
Sezary Syndrome (SS)			
	Number of subjects with events	6	10
	Number of subjects censored	81	69
	Median time to events (95% CI)	-	60.87(-)
	Hazard ratio (95% CI)		0.92(0.31, 2.72)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
PARAESTHESIA			
Mycosis Fungoides (MF)			
	Number of subjects with events	9	4
	Number of subjects censored	90	101
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.30(0.09, 0.97)
	P-value based on log-rank test		0.0043
	Interaction test p-value		0.5194

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
PARAESTHESIA			
Sezary Syndrome (SS)			
	Number of subjects with events	5	1
	Number of subjects censored	82	78
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.11(0.01, 1.00)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
RENAL AND URINARY DISORDERS			
Mycosis Fungoides (MF)			
	Number of subjects with events	19	11
	Number of subjects censored	80	94
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.36(0.17, 0.76)
	P-value based on log-rank test		0.0001
	Interaction test p-value		0.8048

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
RENAL AND URINARY DISORDERS			
Sezary Syndrome (SS)			
	Number of subjects with events	20	15
	Number of subjects censored	67	64
	Median time to events (95% CI)	-	57.37(32.93,57.37)
	Hazard ratio (95% CI)		0.36(0.17, 0.77)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
ALOPECIA			
Mycosis Fungoides (MF)			
	Number of subjects with events	19	8
	Number of subjects censored	80	97
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.22(0.09, 0.51)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.4327

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
ALOPECIA			
Sezary Syndrome (SS)			
	Number of subjects with events	17	6
	Number of subjects censored	70	73
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.12(0.04, 0.38)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
DRUG ERUPTION			
Mycosis Fungoides (MF)			
	Number of subjects with events	2	20
	Number of subjects censored	97	85
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		8.55(1.97, 37.04)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9857

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
DRUG ERUPTION			
Sezary Syndrome (SS)			
	Number of subjects with events	0	26
	Number of subjects censored	87	53
	Median time to events (95% CI)	-	33.97(15.93,52.00)
	Hazard ratio (95% CI)		2.27E7(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
RASH			
Mycosis Fungoides (MF)			
	Number of subjects with events	7	4
	Number of subjects censored	92	101
	Median time to events (95% CI)	-	46.93(27.13, -)
	Hazard ratio (95% CI)		0.29(0.07, 1.16)
	P-value based on log-rank test		0.0400
	Interaction test p-value		0.4986

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
RASH			
Sezary Syndrome (SS)			
	Number of subjects with events	3	5
	Number of subjects censored	84	74
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.41(0.08, 2.15)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
VASCULAR DISORDERS			
Mycosis Fungoides (MF)			
	Number of subjects with events	22	17
	Number of subjects censored	77	88
	Median time to events (95% CI)	20.60(16.37, -)	-
	Hazard ratio (95% CI)		0.58(0.30, 1.10)
	P-value based on log-rank test		0.0284
	Interaction test p-value		0.9596

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
VASCULAR DISORDERS			
Sezary Syndrome (SS)			
	Number of subjects with events	17	15
	Number of subjects censored	70	64
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.56(0.27, 1.18)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE)			
IB/II			
	Number of subjects with events	71	65
	Number of subjects censored	1	3
	Median time to events (95% CI)	0.12(0.10, 0.17)	0.27(0.03, 0.27)
	Hazard ratio (95% CI)		0.63(0.44, 0.91)
	P-value based on log-rank test		0.0078
	Interaction test p-value		0.5099

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE) III/IV			
	Number of subjects with events	112	111
	Number of subjects censored	2	5
	Median time to events (95% CI)	0.13(0.07, 0.20)	0.05(0.03, 0.20)
	Hazard ratio (95% CI)		0.88(0.67, 1.15)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
IB/II			
	Number of subjects with events	26	14
	Number of subjects censored	46	54
	Median time to events (95% CI)	38.63(4.33,38.63)	20.57(20.57, -)
	Hazard ratio (95% CI)		0.41(0.21, 0.81)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9307

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
III/IV			
	Number of subjects with events	51	35
	Number of subjects censored	63	81
	Median time to events (95% CI)	5.87(2.33, -)	-
	Hazard ratio (95% CI)		0.43(0.27, 0.67)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
IB/II			
	Number of subjects with events	19	5
	Number of subjects censored	53	63
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.22(0.08, 0.62)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.6941

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
III/IV			
	Number of subjects with events	39	17
	Number of subjects censored	75	99
	Median time to events (95% CI)	37.83(-)	-
	Hazard ratio (95% CI)		0.27(0.15, 0.50)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
IB/II			
	Number of subjects with events	61	32
	Number of subjects censored	11	36
	Median time to events (95% CI)	0.27(0.13, 0.30)	10.97(2.73, -)
	Hazard ratio (95% CI)		0.23(0.14, 0.36)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.5390

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS III/IV			
	Number of subjects with events	91	64
	Number of subjects censored	23	52
	Median time to events (95% CI)	0.27(0.17, 0.50)	8.97(5.80,13.53)
	Hazard ratio (95% CI)		0.25(0.17, 0.36)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN			
IB/II			
	Number of subjects with events	11	3
	Number of subjects censored	61	65
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.19(0.05, 0.69)
	P-value based on log-rank test		0.0001
	Interaction test p-value		0.8169

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN			
III/IV			
	Number of subjects with events	11	6
	Number of subjects censored	103	110
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.23(0.07, 0.73)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN UPPER			
IB/II			
	Number of subjects with events	4	0
	Number of subjects censored	68	68
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		0.0024
	Interaction test p-value		0.9950

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN UPPER			
III/IV			
	Number of subjects with events	7	2
	Number of subjects censored	107	114
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.15(0.02, 0.94)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
CONSTIPATION			
IB/II			
	Number of subjects with events	12	11
	Number of subjects censored	60	57
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.79(0.35, 1.81)
	P-value based on log-rank test		0.0045
	Interaction test p-value		0.1728

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
CONSTIPATION			
III/IV			
	Number of subjects with events	22	12
	Number of subjects censored	92	104
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.33(0.16, 0.70)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
IB/II			
	Number of subjects with events	50	17
	Number of subjects censored	22	51
	Median time to events (95% CI)	0.53(0.30, 1.90)	-
	Hazard ratio (95% CI)		0.18(0.10, 0.32)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9565

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
III/IV			
	Number of subjects with events	65	30
	Number of subjects censored	49	86
	Median time to events (95% CI)	1.20(0.50, 3.70)	36.77(17.23, -)
	Hazard ratio (95% CI)		0.16(0.10, 0.26)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DRY MOUTH			
IB/II			
	Number of subjects with events	7	1
	Number of subjects censored	65	67
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.16(0.02, 1.31)
	P-value based on log-rank test		0.0014
	Interaction test p-value		0.6549

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DRY MOUTH			
III/IV			
	Number of subjects with events	10	3
	Number of subjects censored	104	113
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.19(0.05, 0.73)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DYSPEPSIA			
IB/II			
	Number of subjects with events	5	0
	Number of subjects censored	67	68
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		0.0028
	Interaction test p-value		0.9949

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DYSPEPSIA			
III/IV			
	Number of subjects with events	6	2
	Number of subjects censored	108	114
	Median time to events (95% CI)	-	61.13(-)
	Hazard ratio (95% CI)		0.16(0.02, 1.30)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
NAUSEA			
IB/II			
	Number of subjects with events	30	12
	Number of subjects censored	42	56
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.27(0.13, 0.53)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.5194

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
NAUSEA			
III/IV			
	Number of subjects with events	49	18
	Number of subjects censored	65	98
	Median time to events (95% CI)	10.73(2.53,22.03)	-
	Hazard ratio (95% CI)		0.19(0.10, 0.34)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
VOMITING			
IB/II			
	Number of subjects with events	12	6
	Number of subjects censored	60	62
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.43(0.16, 1.16)
	P-value based on log-rank test		0.0076
	Interaction test p-value		0.9688

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
VOMITING			
III/IV			
	Number of subjects with events	12	7
	Number of subjects censored	102	109
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.36(0.13, 0.98)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
IB/II			
	Number of subjects with events	50	41
	Number of subjects censored	22	27
	Median time to events (95% CI)	1.00(0.53, 2.13)	3.20(0.97,10.13)
	Hazard ratio (95% CI)		0.74(0.48, 1.12)
	P-value based on log-rank test		0.0002
	Interaction test p-value		0.4885

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
III/IV			
	Number of subjects with events	76	68
	Number of subjects censored	38	48
	Median time to events (95% CI)	1.67(0.97, 2.50)	7.93(3.77,12.97)
	Hazard ratio (95% CI)		0.55(0.39, 0.78)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
ASTHENIA			
IB/II			
	Number of subjects with events	14	6
	Number of subjects censored	58	62
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.42(0.16, 1.12)
	P-value based on log-rank test		0.0003
	Interaction test p-value		0.3213

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
ASTHENIA			
III/IV			
	Number of subjects with events	14	4
	Number of subjects censored	100	112
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.15(0.05, 0.49)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
IB/II			
	Number of subjects with events	30	19
	Number of subjects censored	42	49
	Median time to events (95% CI)	11.83(2.13, -)	-
	Hazard ratio (95% CI)		0.61(0.34, 1.09)
	P-value based on log-rank test		0.0002
	Interaction test p-value		0.4691

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
III/IV			
	Number of subjects with events	40	25
	Number of subjects censored	74	91
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.43(0.26, 0.73)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
CELLULITIS			
IB/II			
	Number of subjects with events	7	0
	Number of subjects censored	65	68
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		0.0271
	Interaction test p-value		0.9900

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
CELLULITIS			
III/IV			
	Number of subjects with events	3	6
	Number of subjects censored	111	110
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		1.02(0.23, 4.41)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
NASOPHARYNGITIS			
IB/II			
	Number of subjects with events	8	4
	Number of subjects censored	64	64
	Median time to events (95% CI)	34.70(11.20, -)	-
	Hazard ratio (95% CI)		0.37(0.11, 1.24)
	P-value based on log-rank test		0.0210
	Interaction test p-value		0.7288

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
NASOPHARYNGITIS			
III/IV			
	Number of subjects with events	8	10
	Number of subjects censored	106	106
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.49(0.18, 1.31)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
IB/II			
	Number of subjects with events	10	19
	Number of subjects censored	62	49
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		2.27(1.05, 4.93)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.2277

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
III/IV			
	Number of subjects with events	18	63
	Number of subjects censored	96	53
	Median time to events (95% CI)	-	8.13(0.60,16.77)
	Hazard ratio (95% CI)		4.01(2.35, 6.83)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
INFUSION RELATED REACTION			
IB/II			
	Number of subjects with events	1	15
	Number of subjects censored	71	53
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		19.42(2.56, 147.2)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9812

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
INFUSION RELATED REACTION			
III/IV			
	Number of subjects with events	0	46
	Number of subjects censored	114	70
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		3.83E7(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
IB/II			
	Number of subjects with events	33	20
	Number of subjects censored	39	48
	Median time to events (95% CI)	7.00(1.90, -)	53.00(9.37,53.00)
	Hazard ratio (95% CI)		0.35(0.19, 0.63)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9169

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
III/IV			
	Number of subjects with events	62	48
	Number of subjects censored	52	68
	Median time to events (95% CI)	3.30(1.43, 6.10)	19.47(9.40, -)
	Hazard ratio (95% CI)		0.39(0.26, 0.59)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
BLOOD CREATININE INCREASED			
IB/II			
	Number of subjects with events	17	1
	Number of subjects censored	55	67
	Median time to events (95% CI)	28.80(28.80, -)	-
	Hazard ratio (95% CI)		0.05(0.01, 0.35)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.5696

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
BLOOD CREATININE INCREASED			
III/IV			
	Number of subjects with events	35	5
	Number of subjects censored	79	111
	Median time to events (95% CI)	24.77(24.77, -)	-
	Hazard ratio (95% CI)		0.09(0.04, 0.25)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
PLATELET COUNT DECREASED			
IB/II			
	Number of subjects with events	9	1
	Number of subjects censored	63	67
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.04(0.01, 0.39)
	P-value based on log-rank test		0.0002
	Interaction test p-value		0.3281

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
PLATELET COUNT DECREASED			
III/IV			
	Number of subjects with events	10	3
	Number of subjects censored	104	113
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.27(0.07, 0.99)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
WEIGHT DECREASED			
IB/II			
	Number of subjects with events	13	3
	Number of subjects censored	59	65
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.16(0.04, 0.57)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.6831

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
WEIGHT DECREASED			
III/IV			
	Number of subjects with events	20	8
	Number of subjects censored	94	108
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.22(0.09, 0.51)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
IB/II			
	Number of subjects with events	33	16
	Number of subjects censored	39	52
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.35(0.19, 0.64)
	P-value based on log-rank test		0.0005
	Interaction test p-value		0.0206

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS III/IV			
	Number of subjects with events	44	46
	Number of subjects censored	70	70
	Median time to events (95% CI)	12.83(5.13, -)	31.30(8.87, -)
	Hazard ratio (95% CI)		0.70(0.46, 1.07)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
DECREASED APPETITE			
IB/II			
	Number of subjects with events	20	3
	Number of subjects censored	52	65
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.12(0.03, 0.41)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.1004

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
DECREASED APPETITE			
III/IV			
	Number of subjects with events	26	13
	Number of subjects censored	88	103
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.30(0.15, 0.61)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS			
MUSCLE SPASMS			
IB/II			
	Number of subjects with events	9	2
	Number of subjects censored	63	66
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.17(0.04, 0.79)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.7128

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS			
MUSCLE SPASMS			
III/IV			
	Number of subjects with events	20	8
	Number of subjects censored	94	108
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.25(0.10, 0.59)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
IB/II			
	Number of subjects with events	42	25
	Number of subjects censored	30	43
	Median time to events (95% CI)	2.57(0.73, 4.73)	-
	Hazard ratio (95% CI)		0.41(0.25, 0.69)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.8353

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
III/IV			
	Number of subjects with events	59	45
	Number of subjects censored	55	71
	Median time to events (95% CI)	2.47(1.83, 7.03)	27.80(13.97,46.50)
	Hazard ratio (95% CI)		0.30(0.19, 0.47)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DIZZINESS			
IB/II			
	Number of subjects with events	7	3
	Number of subjects censored	65	65
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.37(0.09, 1.45)
	P-value based on log-rank test		0.0227
	Interaction test p-value		0.7873

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DIZZINESS			
III/IV			
	Number of subjects with events	12	9
	Number of subjects censored	102	107
	Median time to events (95% CI)	21.03(16.77, -)	-
	Hazard ratio (95% CI)		0.41(0.17, 1.03)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DYSGEUSIA			
IB/II			
	Number of subjects with events	22	3
	Number of subjects censored	50	65
	Median time to events (95% CI)	32.27(-)	-
	Hazard ratio (95% CI)		0.11(0.03, 0.37)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.8308

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DYSGEUSIA			
III/IV			
	Number of subjects with events	33	5
	Number of subjects censored	81	111
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.09(0.03, 0.23)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
HEADACHE			
IB/II			
	Number of subjects with events	17	14
	Number of subjects censored	55	54
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.69(0.34, 1.40)
	P-value based on log-rank test		0.0495
	Interaction test p-value		0.6897

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
HEADACHE			
III/IV			
	Number of subjects with events	12	11
	Number of subjects censored	102	105
	Median time to events (95% CI)	-	60.87(-)
	Hazard ratio (95% CI)		0.47(0.20, 1.12)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
PARAESTHESIA			
IB/II			
	Number of subjects with events	5	2
	Number of subjects censored	67	66
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.30(0.06, 1.59)
	P-value based on log-rank test		0.0043
	Interaction test p-value		0.6253

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
PARAESTHESIA			
III/IV			
	Number of subjects with events	9	3
	Number of subjects censored	105	113
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.20(0.05, 0.75)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
RENAL AND URINARY DISORDERS			
IB/II			
	Number of subjects with events	11	6
	Number of subjects censored	61	62
	Median time to events (95% CI)	31.13(31.13, -)	-
	Hazard ratio (95% CI)		0.40(0.15, 1.11)
	P-value based on log-rank test		0.0001
	Interaction test p-value		0.9745

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
RENAL AND URINARY DISORDERS			
III/IV			
	Number of subjects with events	28	20
	Number of subjects censored	86	96
	Median time to events (95% CI)	-	57.37(43.00,57.37)
	Hazard ratio (95% CI)		0.36(0.19, 0.67)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
ALOPECIA			
IB/II			
	Number of subjects with events	13	6
	Number of subjects censored	59	62
	Median time to events (95% CI)	27.33(27.33, -)	-
	Hazard ratio (95% CI)		0.25(0.09, 0.68)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.1852

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
ALOPECIA			
III/IV			
	Number of subjects with events	23	8
	Number of subjects censored	91	108
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.13(0.05, 0.34)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
DRUG ERUPTION			
IB/II			
	Number of subjects with events	2	13
	Number of subjects censored	70	55
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		6.12(1.35, 27.75)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9885

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
DRUG ERUPTION			
III/IV			
	Number of subjects with events	0	33
	Number of subjects censored	114	83
	Median time to events (95% CI)	-	52.00(15.93,52.00)
	Hazard ratio (95% CI)		2.16E7(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
RASH			
IB/II			
	Number of subjects with events	5	2
	Number of subjects censored	67	66
	Median time to events (95% CI)	-	46.93(46.93, -)
	Hazard ratio (95% CI)		0.18(0.02, 1.58)
	P-value based on log-rank test		0.0400
	Interaction test p-value		0.4069

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
RASH			
III/IV			
	Number of subjects with events	5	7
	Number of subjects censored	109	109
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.49(0.14, 1.69)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
VASCULAR DISORDERS			
IB/II			
	Number of subjects with events	13	8
	Number of subjects censored	59	60
	Median time to events (95% CI)	-	25.23(25.23, -)
	Hazard ratio (95% CI)		0.62(0.25, 1.51)
	P-value based on log-rank test		0.0284
	Interaction test p-value		0.9270

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 5.1.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
VASCULAR DISORDERS III/IV			
	Number of subjects with events	26	24
	Number of subjects censored	88	92
	Median time to events (95% CI)	20.60(12.17,20.60)	-
	Hazard ratio (95% CI)		0.56(0.31, 1.01)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE)			
Yes			
	Number of subjects with events	119	115
	Number of subjects censored	3	6
	Median time to events (95% CI)	0.13(0.07, 0.20)	0.03(0.03, 0.20)
	Hazard ratio (95% CI)		0.90(0.69, 1.17)
	P-value based on log-rank test		0.0092
	Interaction test p-value		0.3408

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE)			
No			
	Number of subjects with events	62	61
	Number of subjects censored	0	2
	Median time to events (95% CI)	0.10(0.07, 0.17)	0.27(0.07, 0.30)
	Hazard ratio (95% CI)		0.62(0.43, 0.90)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Yes			
	Number of subjects with events	55	36
	Number of subjects censored	67	85
	Median time to events (95% CI)	5.87(2.33, -)	-
	Hazard ratio (95% CI)		0.41(0.26, 0.64)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9066

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
No			
	Number of subjects with events	22	13
	Number of subjects censored	40	50
	Median time to events (95% CI)	38.63(4.60,38.63)	20.57(9.90, -)
	Hazard ratio (95% CI)		0.38(0.19, 0.79)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
Yes			
	Number of subjects with events	43	17
	Number of subjects censored	79	104
	Median time to events (95% CI)	37.83(-)	-
	Hazard ratio (95% CI)		0.25(0.14, 0.46)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9835

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
No			
	Number of subjects with events	15	5
	Number of subjects censored	47	58
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.26(0.09, 0.73)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Yes			
	Number of subjects with events	95	68
	Number of subjects censored	27	53
	Median time to events (95% CI)	0.30(0.27, 0.50)	8.93(5.60,13.53)
	Hazard ratio (95% CI)		0.26(0.18, 0.37)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.1664

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
No			
	Number of subjects with events	55	28
	Number of subjects censored	7	35
	Median time to events (95% CI)	0.13(0.10, 0.27)	10.97(2.73, -)
	Hazard ratio (95% CI)		0.18(0.11, 0.30)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN			
Yes			
	Number of subjects with events	12	7
	Number of subjects censored	110	114
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.23(0.08, 0.68)
	P-value based on log-rank test		0.0001
	Interaction test p-value		0.4095

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN			
No			
	Number of subjects with events	10	2
	Number of subjects censored	52	61
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.14(0.03, 0.64)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN UPPER			
Yes			
	Number of subjects with events	8	2
	Number of subjects censored	114	119
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.13(0.02, 0.76)
	P-value based on log-rank test		0.0022
	Interaction test p-value		0.9954

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN UPPER			
No			
	Number of subjects with events	3	0
	Number of subjects censored	59	63
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
CONSTIPATION			
Yes			
	Number of subjects with events	20	12
	Number of subjects censored	102	109
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.36(0.17, 0.77)
	P-value based on log-rank test		0.0041
	Interaction test p-value		0.2520

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
CONSTIPATION			
No			
	Number of subjects with events	14	11
	Number of subjects censored	48	52
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.74(0.33, 1.64)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
Yes			
	Number of subjects with events	70	35
	Number of subjects censored	52	86
	Median time to events (95% CI)	1.03(0.53, 3.53)	36.77(17.23, -)
	Hazard ratio (95% CI)		0.18(0.11, 0.29)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.3162

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
No			
	Number of subjects with events	43	12
	Number of subjects censored	19	51
	Median time to events (95% CI)	0.47(0.23, 1.93)	-
	Hazard ratio (95% CI)		0.13(0.07, 0.25)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DRY MOUTH			
Yes			
	Number of subjects with events	9	3
	Number of subjects censored	113	118
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.23(0.06, 0.91)
	P-value based on log-rank test		0.0025
	Interaction test p-value		0.4978

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DRY MOUTH			
No			
	Number of subjects with events	7	1
	Number of subjects censored	55	62
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.12(0.01, 1.05)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DYSPEPSIA			
Yes			
	Number of subjects with events	7	2
	Number of subjects censored	115	119
	Median time to events (95% CI)	-	61.13(-)
	Hazard ratio (95% CI)		0.15(0.02, 1.27)
	P-value based on log-rank test		0.0025
	Interaction test p-value		0.9950

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DYSPEPSIA			
No			
	Number of subjects with events	4	0
	Number of subjects censored	58	63
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
NAUSEA			
Yes			
	Number of subjects with events	49	19
	Number of subjects censored	73	102
	Median time to events (95% CI)	22.03(10.73, -)	-
	Hazard ratio (95% CI)		0.20(0.11, 0.37)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.8259

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
NAUSEA			
No			
	Number of subjects with events	30	11
	Number of subjects censored	32	52
	Median time to events (95% CI)	5.50(0.47, -)	-
	Hazard ratio (95% CI)		0.23(0.11, 0.47)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
VOMITING			
Yes			
	Number of subjects with events	15	10
	Number of subjects censored	107	111
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.42(0.18, 0.99)
	P-value based on log-rank test		0.0074
	Interaction test p-value		0.4548

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
VOMITING			
No			
	Number of subjects with events	9	3
	Number of subjects censored	53	60
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.29(0.08, 1.08)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Yes			
	Number of subjects with events	82	71
	Number of subjects censored	40	50
	Median time to events (95% CI)	1.67(1.03, 2.43)	7.93(3.77,11.93)
	Hazard ratio (95% CI)		0.57(0.40, 0.79)
	P-value based on log-rank test		0.0003
	Interaction test p-value		0.4377

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
No			
	Number of subjects with events	42	38
	Number of subjects censored	20	25
	Median time to events (95% CI)	0.97(0.47, 2.13)	2.70(0.77,53.00)
	Hazard ratio (95% CI)		0.82(0.52, 1.28)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
ASTHENIA			
Yes			
	Number of subjects with events	17	4
	Number of subjects censored	105	117
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.20(0.06, 0.61)
	P-value based on log-rank test		0.0008
	Interaction test p-value		0.2352

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
ASTHENIA			
No			
	Number of subjects with events	9	6
	Number of subjects censored	53	57
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.49(0.17, 1.38)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
Yes			
	Number of subjects with events	43	26
	Number of subjects censored	79	95
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.46(0.28, 0.77)
	P-value based on log-rank test		0.0002
	Interaction test p-value		0.4777

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
No			
	Number of subjects with events	27	18
	Number of subjects censored	35	45
	Median time to events (95% CI)	11.83(2.13, -)	-
	Hazard ratio (95% CI)		0.63(0.34, 1.15)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
CELLULITIS			
Yes			
	Number of subjects with events	7	6
	Number of subjects censored	115	115
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.44(0.14, 1.39)
	P-value based on log-rank test		0.0265
	Interaction test p-value		0.9897

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
CELLULITIS			
No			
	Number of subjects with events	3	0
	Number of subjects censored	59	63
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
NASOPHARYNGITIS			
Yes			
	Number of subjects with events	8	12
	Number of subjects censored	114	109
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.59(0.23, 1.52)
	P-value based on log-rank test		0.0199
	Interaction test p-value		0.1509

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
NASOPHARYNGITIS			
No			
	Number of subjects with events	8	2
	Number of subjects censored	54	61
	Median time to events (95% CI)	34.70(11.20, -)	-
	Hazard ratio (95% CI)		0.18(0.04, 0.86)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
Yes			
	Number of subjects with events	19	64
	Number of subjects censored	103	57
	Median time to events (95% CI)	-	8.17(0.97,36.40)
	Hazard ratio (95% CI)		3.86(2.29, 6.51)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.2988

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
No			
	Number of subjects with events	9	18
	Number of subjects censored	53	45
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		2.28(1.02, 5.10)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
INFUSION RELATED REACTION			
Yes			
	Number of subjects with events	0	46
	Number of subjects censored	122	75
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		3.92E7(0.00,)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9868

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
INFUSION RELATED REACTION			
No			
	Number of subjects with events	1	15
	Number of subjects censored	61	48
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		17.08(2.25, 129.7)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
Yes			
	Number of subjects with events	59	52
	Number of subjects censored	63	69
	Median time to events (95% CI)	4.70(1.90, -)	18.10(9.37, -)
	Hazard ratio (95% CI)		0.47(0.32, 0.70)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.0934

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
No			
	Number of subjects with events	36	16
	Number of subjects censored	26	47
	Median time to events (95% CI)	1.93(0.97, 7.00)	53.00(-)
	Hazard ratio (95% CI)		0.24(0.12, 0.45)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
BLOOD CREATININE INCREASED			
Yes			
	Number of subjects with events	32	4
	Number of subjects censored	90	117
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.09(0.03, 0.25)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9755

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
BLOOD CREATININE INCREASED			
No			
	Number of subjects with events	20	2
	Number of subjects censored	42	61
	Median time to events (95% CI)	28.80(8.50, -)	-
	Hazard ratio (95% CI)		0.08(0.02, 0.36)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
PLATELET COUNT DECREASED			
Yes			
	Number of subjects with events	12	3
	Number of subjects censored	110	118
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.23(0.06, 0.82)
	P-value based on log-rank test		0.0001
	Interaction test p-value		0.6440

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
PLATELET COUNT DECREASED			
No			
	Number of subjects with events	7	1
	Number of subjects censored	55	62
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.06(0.01, 0.56)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
WEIGHT DECREASED			
Yes			
	Number of subjects with events	21	9
	Number of subjects censored	101	112
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.22(0.10, 0.51)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.4351

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
WEIGHT DECREASED			
No			
	Number of subjects with events	12	2
	Number of subjects censored	50	61
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.12(0.03, 0.55)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
Yes			
	Number of subjects with events	52	44
	Number of subjects censored	70	77
	Median time to events (95% CI)	7.97(4.30, -)	31.30(13.63, -)
	Hazard ratio (95% CI)		0.51(0.34, 0.78)
	P-value based on log-rank test		0.0004
	Interaction test p-value		0.9668

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
No			
	Number of subjects with events	25	18
	Number of subjects censored	37	45
	Median time to events (95% CI)	-	12.40(9.80, -)
	Hazard ratio (95% CI)		0.55(0.30, 1.01)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
DECREASED APPETITE			
Yes			
	Number of subjects with events	30	14
	Number of subjects censored	92	107
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.28(0.14, 0.55)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.1400

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
DECREASED APPETITE			
No			
	Number of subjects with events	16	2
	Number of subjects censored	46	61
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.09(0.02, 0.41)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS			
MUSCLE SPASMS			
Yes			
	Number of subjects with events	19	8
	Number of subjects censored	103	113
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.24(0.10, 0.59)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.4748

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS			
MUSCLE SPASMS			
No			
	Number of subjects with events	10	2
	Number of subjects censored	52	61
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.13(0.03, 0.60)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
Yes			
	Number of subjects with events	61	49
	Number of subjects censored	61	72
	Median time to events (95% CI)	2.83(1.90, -)	27.80(9.77,46.50)
	Hazard ratio (95% CI)		0.38(0.25, 0.58)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.4392

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
No			
	Number of subjects with events	40	21
	Number of subjects censored	22	42
	Median time to events (95% CI)	1.90(0.73, 4.23)	15.53(10.97, -)
	Hazard ratio (95% CI)		0.31(0.18, 0.54)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DIZZINESS			
Yes			
	Number of subjects with events	11	8
	Number of subjects censored	111	113
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.38(0.15, 1.00)
	P-value based on log-rank test		0.0216
	Interaction test p-value		0.9823

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DIZZINESS			
No			
	Number of subjects with events	8	4
	Number of subjects censored	54	59
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.46(0.14, 1.56)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DYSGEUSIA			
Yes			
	Number of subjects with events	35	7
	Number of subjects censored	87	114
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.14(0.06, 0.32)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.2446

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DYSGEUSIA			
No			
	Number of subjects with events	20	1
	Number of subjects censored	42	62
	Median time to events (95% CI)	32.27(-)	-
	Hazard ratio (95% CI)		0.04(0.00, 0.27)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
HEADACHE			
Yes			
	Number of subjects with events	14	13
	Number of subjects censored	108	108
	Median time to events (95% CI)	-	60.87(-)
	Hazard ratio (95% CI)		0.59(0.26, 1.32)
	P-value based on log-rank test		0.0453
	Interaction test p-value		0.8926

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
HEADACHE			
No			
	Number of subjects with events	15	12
	Number of subjects censored	47	51
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.62(0.29, 1.33)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
PARAESTHESIA			
Yes			
	Number of subjects with events	10	4
	Number of subjects censored	112	117
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.23(0.07, 0.77)
	P-value based on log-rank test		0.0042
	Interaction test p-value		0.8912

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
PARAESTHESIA			
No			
	Number of subjects with events	4	1
	Number of subjects censored	58	62
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.19(0.02, 1.76)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
RENAL AND URINARY DISORDERS			
Yes			
	Number of subjects with events	31	19
	Number of subjects censored	91	102
	Median time to events (95% CI)	-	57.37(43.00,57.37)
	Hazard ratio (95% CI)		0.28(0.15, 0.53)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.1691

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
RENAL AND URINARY DISORDERS			
No			
	Number of subjects with events	8	7
	Number of subjects censored	54	56
	Median time to events (95% CI)	31.13(31.13, -)	-
	Hazard ratio (95% CI)		0.83(0.29, 2.34)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
ALOPECIA			
Yes			
	Number of subjects with events	22	9
	Number of subjects censored	100	112
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.17(0.07, 0.41)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.5780

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
ALOPECIA			
No			
	Number of subjects with events	14	5
	Number of subjects censored	48	58
	Median time to events (95% CI)	27.33(27.33, -)	-
	Hazard ratio (95% CI)		0.21(0.07, 0.59)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
DRUG ERUPTION			
Yes			
	Number of subjects with events	0	38
	Number of subjects censored	122	83
	Median time to events (95% CI)	-	33.97(15.87,52.00)
	Hazard ratio (95% CI)		2.39E7(0.00,)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9877

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
DRUG ERUPTION			
No			
	Number of subjects with events	2	8
	Number of subjects censored	60	55
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		4.91(0.84, 28.54)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
RASH			
Yes			
	Number of subjects with events	7	7
	Number of subjects censored	115	114
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.41(0.13, 1.27)
	P-value based on log-rank test		0.0400
	Interaction test p-value		0.8348

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
RASH			
No			
	Number of subjects with events	3	2
	Number of subjects censored	59	61
	Median time to events (95% CI)	-	46.93(46.93, -)
	Hazard ratio (95% CI)		0.29(0.03, 2.80)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
VASCULAR DISORDERS			
Yes			
	Number of subjects with events	26	22
	Number of subjects censored	96	99
	Median time to events (95% CI)	20.60(13.17, -)	-
	Hazard ratio (95% CI)		0.55(0.30, 1.00)
	P-value based on log-rank test		0.0252
	Interaction test p-value		0.5430

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
VASCULAR DISORDERS			
No			
	Number of subjects with events	13	10
	Number of subjects censored	49	53
	Median time to events (95% CI)	-	25.23(14.50, -)
	Hazard ratio (95% CI)		0.72(0.31, 1.69)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE)			
US			
	Number of subjects with events	101	92
	Number of subjects censored	2	5
	Median time to events (95% CI)	0.13(0.10, 0.17)	0.03(0.03, 0.07)
	Hazard ratio (95% CI)		0.96(0.72, 1.29)
	P-value based on log-rank test		0.0078
	Interaction test p-value		0.3210

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE)			
Japan			
	Number of subjects with events	6	9
	Number of subjects censored		
	Median time to events (95% CI)	0.07(0.03, 0.13)	0.03(0.03, 0.47)
	Hazard ratio (95% CI)		0.68(0.19, 2.49)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE)			
Europe			
	Number of subjects with events	69	67
	Number of subjects censored	1	2
	Median time to events (95% CI)	0.13(0.07, 0.27)	0.30(0.10, 0.47)
	Hazard ratio (95% CI)		0.72(0.51, 1.02)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE)			
Australia			
	Number of subjects with events	7	8
	Number of subjects censored	0	1
	Median time to events (95% CI)	0.13(0.03, 0.20)	0.27(0.03, 1.30)
	Hazard ratio (95% CI)		0.20(0.05, 0.80)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
US			
	Number of subjects with events	48	30
	Number of subjects censored	55	67
	Median time to events (95% CI)	5.17(1.87, -)	-
	Hazard ratio (95% CI)		0.44(0.27, 0.70)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9460

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Japan			
	Number of subjects with events	1	1
	Number of subjects censored	5	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Europe			
	Number of subjects with events	25	18
	Number of subjects censored	45	51
	Median time to events (95% CI)	38.63(3.70,38.63)	38.27(31.80, -)
	Hazard ratio (95% CI)		0.42(0.22, 0.80)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Australia			
	Number of subjects with events	3	0
	Number of subjects censored	4	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
US			
	Number of subjects with events	38	15
	Number of subjects censored	65	82
	Median time to events (95% CI)	37.83(-)	-
	Hazard ratio (95% CI)		0.28(0.15, 0.53)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9956

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Japan			
	Number of subjects with events	0	0
	Number of subjects censored	6	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
Europe			
	Number of subjects with events	17	7
	Number of subjects censored	53	62
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.27(0.11, 0.69)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
Australia			
	Number of subjects with events	3	0
	Number of subjects censored	4	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
US			
	Number of subjects with events	89	54
	Number of subjects censored	14	43
	Median time to events (95% CI)	0.23(0.13, 0.27)	7.80(3.83,11.20)
	Hazard ratio (95% CI)		0.21(0.14, 0.31)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.6393

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Japan			
	Number of subjects with events	5	4
	Number of subjects censored	1	5
	Median time to events (95% CI)	0.10(0.07, -)	7.90(0.07, -)
	Hazard ratio (95% CI)		0.24(0.05, 1.10)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Europe			
	Number of subjects with events	52	32
	Number of subjects censored	18	37
	Median time to events (95% CI)	0.47(0.27, 0.77)	13.57(7.83,36.23)
	Hazard ratio (95% CI)		0.28(0.17, 0.46)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Australia			
	Number of subjects with events	6	6
	Number of subjects censored	1	3
	Median time to events (95% CI)	0.47(0.07, 1.67)	4.03(0.03, -)
	Hazard ratio (95% CI)		0.14(0.02, 0.81)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN			
US			
	Number of subjects with events	13	6
	Number of subjects censored	90	91
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.18(0.06, 0.58)
	P-value based on log-rank test		0.0001
	Interaction test p-value		0.9452

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Japan			
	Number of subjects with events	0	0
	Number of subjects censored	6	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN			
Europe			
	Number of subjects with events	9	2
	Number of subjects censored	61	67
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.15(0.03, 0.72)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN			
Australia			
	Number of subjects with events	0	1
	Number of subjects censored	7	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		1.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN UPPER			
US			
	Number of subjects with events	4	1
	Number of subjects censored	99	96
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.19(0.02, 1.69)
	P-value based on log-rank test		0.0024
	Interaction test p-value		0.9731

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Japan			
	Number of subjects with events	0	0
	Number of subjects censored	6	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
ABDOMINAL PAIN UPPER			
Europe			
	Number of subjects with events	7	1
	Number of subjects censored	63	68
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Australia			
	Number of subjects with events	0	0
	Number of subjects censored	7	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
CONSTIPATION			
US			
	Number of subjects with events	19	11
	Number of subjects censored	84	86
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.36(0.16, 0.79)
	P-value based on log-rank test		0.0045
	Interaction test p-value		0.5075

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
CONSTIPATION			
Japan			
	Number of subjects with events	3	2
	Number of subjects censored	3	7
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.46(0.07, 2.80)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
CONSTIPATION			
Europe			
	Number of subjects with events	9	9
	Number of subjects censored	61	60
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.90(0.35, 2.29)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
CONSTIPATION			
Australia			
	Number of subjects with events	3	1
	Number of subjects censored	4	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.30(0.03, 3.20)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
US			
	Number of subjects with events	72	28
	Number of subjects censored	31	69
	Median time to events (95% CI)	0.50(0.30, 0.97)	36.50(17.23, -)
	Hazard ratio (95% CI)		0.16(0.10, 0.27)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.7742

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
Japan			
	Number of subjects with events	3	2
	Number of subjects censored	3	7
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.14(0.01, 1.61)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
Europe			
	Number of subjects with events	36	13
	Number of subjects censored	34	56
	Median time to events (95% CI)	3.53(0.90,12.33)	37.17(17.20, -)
	Hazard ratio (95% CI)		0.16(0.08, 0.33)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
Australia			
	Number of subjects with events	4	4
	Number of subjects censored	3	5
	Median time to events (95% CI)	3.70(0.07, -)	-
	Hazard ratio (95% CI)		0.22(0.04, 1.31)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DRY MOUTH			
US			
	Number of subjects with events	9	1
	Number of subjects censored	94	96
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.09(0.01, 0.75)
	P-value based on log-rank test		0.0014
	Interaction test p-value		0.9451

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DRY MOUTH			
Japan			
	Number of subjects with events	0	1
	Number of subjects censored	6	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		3.01E8(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DRY MOUTH			
Europe			
	Number of subjects with events	8	2
	Number of subjects censored	62	67
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.21(0.04, 1.02)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Australia			
	Number of subjects with events	0	0
	Number of subjects censored	7	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DYSPEPSIA			
US			
	Number of subjects with events	6	2
	Number of subjects censored	97	95
	Median time to events (95% CI)	-	61.13(-)
	Hazard ratio (95% CI)		0.16(0.02, 1.32)
	P-value based on log-rank test		0.0028
	Interaction test p-value		1.0000

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Japan			
	Number of subjects with events	0	0
	Number of subjects censored	6	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DYSPEPSIA			
Europe			
	Number of subjects with events	5	0
	Number of subjects censored	65	69
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Australia			
	Number of subjects with events	0	0
	Number of subjects censored	7	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
NAUSEA			
US			
	Number of subjects with events	46	20
	Number of subjects censored	57	77
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.23(0.13, 0.42)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9565

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
NAUSEA			
Japan			
	Number of subjects with events	2	1
	Number of subjects censored	4	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.32(0.03, 3.61)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
NAUSEA			
Europe			
	Number of subjects with events	26	7
	Number of subjects censored	44	62
	Median time to events (95% CI)	22.03(5.50, -)	-
	Hazard ratio (95% CI)		0.20(0.09, 0.47)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
NAUSEA			
Australia			
	Number of subjects with events	5	2
	Number of subjects censored	2	7
	Median time to events (95% CI)	3.93(0.47,10.73)	-
	Hazard ratio (95% CI)		0.18(0.03, 1.04)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
VOMITING			
US			
	Number of subjects with events	17	8
	Number of subjects censored	86	89
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.36(0.15, 0.86)
	P-value based on log-rank test		0.0076
	Interaction test p-value		0.9876

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Japan			
	Number of subjects with events	0	0
	Number of subjects censored	6	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
VOMITING			
Europe			
	Number of subjects with events	5	3
	Number of subjects censored	65	66
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.41(0.08, 2.05)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
VOMITING			
Australia			
	Number of subjects with events	2	2
	Number of subjects censored	5	7
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.25(0.02, 3.08)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
US			
	Number of subjects with events	69	62
	Number of subjects censored	34	35
	Median time to events (95% CI)	1.33(0.90, 2.37)	3.77(1.40, 7.93)
	Hazard ratio (95% CI)		0.70(0.49, 0.99)
	P-value based on log-rank test		0.0002
	Interaction test p-value		0.4550

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Japan			
	Number of subjects with events	5	6
	Number of subjects censored	1	3
	Median time to events (95% CI)	0.30(0.07,11.83)	0.30(0.03,20.33)
	Hazard ratio (95% CI)		1.01(0.25, 4.01)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Europe			
	Number of subjects with events	48	35
	Number of subjects censored	22	34
	Median time to events (95% CI)	1.60(0.80, 2.43)	8.40(5.60,32.00)
	Hazard ratio (95% CI)		0.46(0.29, 0.73)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Australia			
	Number of subjects with events	4	6
	Number of subjects censored	3	3
	Median time to events (95% CI)	2.50(0.20, -)	1.87(0.17,10.13)
	Hazard ratio (95% CI)		1.05(0.26, 4.15)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
ASTHENIA			
US			
	Number of subjects with events	6	0
	Number of subjects censored	97	97
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		0.0003
	Interaction test p-value		1.0000

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Japan			
	Number of subjects with events	0	0
	Number of subjects censored	6	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
ASTHENIA			
Europe			
	Number of subjects with events	22	10
	Number of subjects censored	48	59
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.39(0.18, 0.82)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Australia			
	Number of subjects with events	0	0
	Number of subjects censored	7	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
US			
	Number of subjects with events	50	34
	Number of subjects censored	53	63
	Median time to events (95% CI)	4.63(1.70, -)	-
	Hazard ratio (95% CI)		0.56(0.36, 0.88)
	P-value based on log-rank test		0.0002
	Interaction test p-value		0.5258

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
Japan			
	Number of subjects with events	3	1
	Number of subjects censored	3	8
	Median time to events (95% CI)	11.83(0.07,11.83)	-
	Hazard ratio (95% CI)		0.20(0.02, 2.35)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
Europe			
	Number of subjects with events	15	6
	Number of subjects censored	55	63
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.32(0.12, 0.84)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
Australia			
	Number of subjects with events	2	3
	Number of subjects censored	5	6
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.75(0.11, 5.28)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
CELLULITIS			
US			
	Number of subjects with events	7	4
	Number of subjects censored	96	93
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.35(0.10, 1.24)
	P-value based on log-rank test		0.0271
	Interaction test p-value		0.8290

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Japan			
	Number of subjects with events	0	0
	Number of subjects censored	6	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
CELLULITIS			
Europe			
	Number of subjects with events	1	2
	Number of subjects censored	69	67
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		1.56(0.13, 18.44)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
CELLULITIS			
Australia			
	Number of subjects with events	2	0
	Number of subjects censored	5	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
NASOPHARYNGITIS			
US			
	Number of subjects with events	5	3
	Number of subjects censored	98	94
	Median time to events (95% CI)	34.70(34.70, -)	-
	Hazard ratio (95% CI)		0.35(0.08, 1.53)
	P-value based on log-rank test		0.0210
	Interaction test p-value		0.9859

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
NASOPHARYNGITIS			
Japan			
	Number of subjects with events	0	2
	Number of subjects censored	6	7
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		104E15(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
NASOPHARYNGITIS			
Europe			
	Number of subjects with events	11	8
	Number of subjects censored	59	61
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.33(0.13, 0.87)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INFECTIONS AND INFESTATIONS			
NASOPHARYNGITIS			
Australia			
	Number of subjects with events	0	1
	Number of subjects censored	7	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		1.28E8(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
US			
	Number of subjects with events	21	57
	Number of subjects censored	82	40
	Median time to events (95% CI)	24.00(16.83, -)	2.77(0.27, 8.47)
	Hazard ratio (95% CI)		3.57(2.14, 5.93)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9994

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
Japan			
	Number of subjects with events	1	4
	Number of subjects censored	5	5
	Median time to events (95% CI)	-	11.67(0.03, -)
	Hazard ratio (95% CI)		1.55(0.13, 18.73)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
Europe			
	Number of subjects with events	6	20
	Number of subjects censored	64	49
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		3.04(1.21, 7.62)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
Australia			
	Number of subjects with events	0	1
	Number of subjects censored	7	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		3.99E8(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
INFUSION RELATED REACTION			
US			
	Number of subjects with events	0	43
	Number of subjects censored	103	54
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		4.59E7(0.00,)
	P-value based on log-rank test		<.0001
	Interaction test p-value		1.0000

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
INFUSION RELATED REACTION			
Japan			
	Number of subjects with events	0	3
	Number of subjects censored	6	6
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		3.28E7(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
INFUSION RELATED REACTION			
Europe			
	Number of subjects with events	1	14
	Number of subjects censored	69	55
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		13.63(1.79, 103.8)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INJURY, POISONING AND PROCEDURAL COMPLICATIONS			
INFUSION RELATED REACTION			
Australia			
	Number of subjects with events	0	1
	Number of subjects censored	7	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		3.99E8(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
US			
	Number of subjects with events	57	42
	Number of subjects censored	46	55
	Median time to events (95% CI)	2.80(1.10, 7.93)	21.07(5.63, -)
	Hazard ratio (95% CI)		0.46(0.30, 0.69)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.0166

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
Japan			
	Number of subjects with events	6	3
	Number of subjects censored	0	6
	Median time to events (95% CI)	0.38(0.03, 0.50)	19.63(1.00,19.63)
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
Europe			
	Number of subjects with events	28	19
	Number of subjects censored	42	50
	Median time to events (95% CI)	7.00(3.30, -)	16.33(12.17, -)
	Hazard ratio (95% CI)		0.41(0.22, 0.75)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
Australia			
	Number of subjects with events	4	4
	Number of subjects censored	3	5
	Median time to events (95% CI)	1.83(0.03, -)	19.47(0.93, -)
	Hazard ratio (95% CI)		0.26(0.05, 1.52)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
BLOOD CREATININE INCREASED			
US			
	Number of subjects with events	32	3
	Number of subjects censored	71	94
	Median time to events (95% CI)	28.80(28.80, -)	-
	Hazard ratio (95% CI)		0.08(0.02, 0.25)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.7586

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
BLOOD CREATININE INCREASED			
Japan			
	Number of subjects with events	3	0
	Number of subjects censored	3	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
BLOOD CREATININE INCREASED			
Europe			
	Number of subjects with events	14	3
	Number of subjects censored	56	66
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.14(0.04, 0.50)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
BLOOD CREATININE INCREASED			
Australia			
	Number of subjects with events	3	0
	Number of subjects censored	4	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
PLATELET COUNT DECREASED			
US			
	Number of subjects with events	10	2
	Number of subjects censored	93	95
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.18(0.04, 0.81)
	P-value based on log-rank test		0.0002
	Interaction test p-value		0.9956

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
PLATELET COUNT DECREASED			
Japan			
	Number of subjects with events	5	0
	Number of subjects censored	1	9
	Median time to events (95% CI)	0.50(0.27, -)	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
PLATELET COUNT DECREASED			
Europe			
	Number of subjects with events	4	1
	Number of subjects censored	66	68
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.23(0.02, 2.07)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
PLATELET COUNT DECREASED			
Australia			
	Number of subjects with events	0	1
	Number of subjects censored	7	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		1.28E8(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
WEIGHT DECREASED			
US			
	Number of subjects with events	19	8
	Number of subjects censored	84	89
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.28(0.12, 0.67)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.8172

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
WEIGHT DECREASED			
Japan			
	Number of subjects with events	1	0
	Number of subjects censored	5	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
WEIGHT DECREASED			
Europe			
	Number of subjects with events	10	2
	Number of subjects censored	60	67
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.11(0.02, 0.53)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
INVESTIGATIONS			
WEIGHT DECREASED			
Australia			
	Number of subjects with events	3	1
	Number of subjects censored	4	8
	Median time to events (95% CI)	1.97(1.47, -)	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
US			
	Number of subjects with events	49	42
	Number of subjects censored	54	55
	Median time to events (95% CI)	7.97(1.87,27.80)	11.20(6.53, -)
	Hazard ratio (95% CI)		0.60(0.39, 0.92)
	P-value based on log-rank test		0.0005
	Interaction test p-value		0.7144

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
Japan			
	Number of subjects with events	3	2
	Number of subjects censored	3	7
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.20(0.02, 1.99)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
Europe			
	Number of subjects with events	21	14
	Number of subjects censored	49	55
	Median time to events (95% CI)	-	37.17(18.53, -)
	Hazard ratio (95% CI)		0.41(0.20, 0.84)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
Australia			
	Number of subjects with events	4	4
	Number of subjects censored	3	5
	Median time to events (95% CI)	3.70(0.03, -)	-
	Hazard ratio (95% CI)		0.66(0.15, 2.79)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
DECREASED APPETITE			
US			
	Number of subjects with events	29	9
	Number of subjects censored	74	88
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.21(0.10, 0.45)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.3998

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
DECREASED APPETITE			
Japan			
	Number of subjects with events	2	1
	Number of subjects censored	4	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
DECREASED APPETITE			
Europe			
	Number of subjects with events	13	3
	Number of subjects censored	57	66
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.12(0.03, 0.53)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
METABOLISM AND NUTRITION DISORDERS			
DECREASED APPETITE			
Australia			
	Number of subjects with events	2	3
	Number of subjects censored	5	6
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		1.15(0.19, 7.05)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS			
MUSCLE SPASMS			
US			
	Number of subjects with events	12	7
	Number of subjects censored	91	90
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.35(0.13, 0.94)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.4876

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Japan			
	Number of subjects with events	0	0
	Number of subjects censored	6	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS			
MUSCLE SPASMS			
Europe			
	Number of subjects with events	15	3
	Number of subjects censored	55	66
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.15(0.04, 0.53)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
MUSCULOSKELETAL AND CONNECTIVE TISSUE DISORDERS			
MUSCLE SPASMS			
Australia			
	Number of subjects with events	2	0
	Number of subjects censored	5	9
	Median time to events (95% CI)	4.70(1.13, -)	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
US			
	Number of subjects with events	56	43
	Number of subjects censored	47	54
	Median time to events (95% CI)	1.90(1.43, 4.67)	18.90(6.80,46.50)
	Hazard ratio (95% CI)		0.41(0.26, 0.63)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.8093

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
Japan			
	Number of subjects with events	3	2
	Number of subjects censored	3	7
	Median time to events (95% CI)	4.23(0.30, -)	-
	Hazard ratio (95% CI)		0.49(0.08, 3.11)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
Europe			
	Number of subjects with events	37	20
	Number of subjects censored	33	49
	Median time to events (95% CI)	2.90(1.90,12.27)	31.30(13.97, -)
	Hazard ratio (95% CI)		0.27(0.15, 0.48)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
Australia			
	Number of subjects with events	5	5
	Number of subjects censored	2	4
	Median time to events (95% CI)	1.73(0.13, -)	27.80(0.30,27.80)
	Hazard ratio (95% CI)		0.37(0.09, 1.59)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DIZZINESS			
US			
	Number of subjects with events	13	8
	Number of subjects censored	90	89
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.42(0.17, 1.05)
	P-value based on log-rank test		0.0227
	Interaction test p-value		0.9392

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DIZZINESS			
Japan			
	Number of subjects with events	0	1
	Number of subjects censored	6	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		8.84E7(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DIZZINESS			
Europe			
	Number of subjects with events	6	2
	Number of subjects censored	64	67
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.14(0.02, 0.79)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DIZZINESS			
Australia			
	Number of subjects with events	0	1
	Number of subjects censored	7	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		8.47E7(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DYSGEUSIA			
US			
	Number of subjects with events	32	4
	Number of subjects censored	71	93
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.10(0.03, 0.28)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.6256

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DYSGEUSIA			
Japan			
	Number of subjects with events	2	0
	Number of subjects censored	4	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DYSGEUSIA			
Europe			
	Number of subjects with events	18	2
	Number of subjects censored	52	67
	Median time to events (95% CI)	32.27(-)	-
	Hazard ratio (95% CI)		0.07(0.02, 0.33)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
DYSGEUSIA			
Australia			
	Number of subjects with events	3	2
	Number of subjects censored	4	7
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.48(0.08, 2.90)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
HEADACHE			
US			
	Number of subjects with events	18	17
	Number of subjects censored	85	80
	Median time to events (95% CI)	-	60.87(34.87,60.87)
	Hazard ratio (95% CI)		0.59(0.29, 1.18)
	P-value based on log-rank test		0.0495
	Interaction test p-value		0.7861

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
HEADACHE			
Japan			
	Number of subjects with events	0	2
	Number of subjects censored	6	7
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		9.91E7(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
HEADACHE			
Europe			
	Number of subjects with events	11	5
	Number of subjects censored	59	64
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.34(0.12, 1.00)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
HEADACHE			
Australia			
	Number of subjects with events	0	1
	Number of subjects censored	7	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		1.28E8(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
PARAESTHESIA			
US			
	Number of subjects with events	3	2
	Number of subjects censored	100	95
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.47(0.07, 2.95)
	P-value based on log-rank test		0.0043
	Interaction test p-value		0.7383

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Japan			
	Number of subjects with events	0	0
	Number of subjects censored	6	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
PARAESTHESIA			
Europe			
	Number of subjects with events	11	2
	Number of subjects censored	59	67
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.10(0.02, 0.48)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
NERVOUS SYSTEM DISORDERS			
PARAESTHESIA			
Australia			
	Number of subjects with events	0	1
	Number of subjects censored	7	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		8.47E7(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
RENAL AND URINARY DISORDERS			
US			
	Number of subjects with events	22	17
	Number of subjects censored	81	80
	Median time to events (95% CI)	31.13(7.53, -)	57.37(32.93, -)
	Hazard ratio (95% CI)		0.41(0.21, 0.80)
	P-value based on log-rank test		0.0001
	Interaction test p-value		0.5682

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
RENAL AND URINARY DISORDERS			
Japan			
	Number of subjects with events	1	2
	Number of subjects censored	5	7
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
RENAL AND URINARY DISORDERS			
Europe			
	Number of subjects with events	14	5
	Number of subjects censored	56	64
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.22(0.08, 0.65)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
RENAL AND URINARY DISORDERS			
Australia			
	Number of subjects with events	2	2
	Number of subjects censored	5	7
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.30(0.03, 3.44)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
ALOPECIA			
US			
	Number of subjects with events	22	8
	Number of subjects censored	81	89
	Median time to events (95% CI)	27.33(27.33, -)	-
	Hazard ratio (95% CI)		0.17(0.07, 0.40)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9727

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
ALOPECIA			
Japan			
	Number of subjects with events	2	1
	Number of subjects censored	4	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.26(0.02, 3.93)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
ALOPECIA			
Europe			
	Number of subjects with events	10	5
	Number of subjects censored	60	64
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.23(0.07, 0.78)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
ALOPECIA			
Australia			
	Number of subjects with events	2	0
	Number of subjects censored	5	9
	Median time to events (95% CI)	12.17(1.30,12.17)	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
DRUG ERUPTION			
US			
	Number of subjects with events	1	28
	Number of subjects censored	102	69
	Median time to events (95% CI)	-	18.70(14.43, -)
	Hazard ratio (95% CI)		17.56(2.37, 130.2)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9864

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
DRUG ERUPTION			
Japan			
	Number of subjects with events	0	3
	Number of subjects censored	6	6
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		8.15E7(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
DRUG ERUPTION			
Europe			
	Number of subjects with events	1	14
	Number of subjects censored	69	55
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		12.48(1.62, 95.93)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
DRUG ERUPTION			
Australia			
	Number of subjects with events	0	1
	Number of subjects censored	7	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		1.28E8(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
RASH			
US			
	Number of subjects with events	8	7
	Number of subjects censored	95	90
	Median time to events (95% CI)	-	46.93(32.93, -)
	Hazard ratio (95% CI)		0.35(0.11, 1.08)
	P-value based on log-rank test		0.0400
	Interaction test p-value		0.9955

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Japan			
	Number of subjects with events	0	0
	Number of subjects censored	6	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
SKIN AND SUBCUTANEOUS TISSUE DISORDERS			
RASH			
Europe			
	Number of subjects with events	2	2
	Number of subjects censored	68	67
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.36(0.04, 3.36)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Australia			
	Number of subjects with events	0	0
	Number of subjects censored	7	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
VASCULAR DISORDERS			
US			
	Number of subjects with events	20	19
	Number of subjects censored	83	78
	Median time to events (95% CI)	16.37(12.17, -)	-
	Hazard ratio (95% CI)		0.66(0.34, 1.27)
	P-value based on log-rank test		0.0284
	Interaction test p-value		0.9413

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
VASCULAR DISORDERS			
Japan			
	Number of subjects with events	1	1
	Number of subjects censored	5	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
VASCULAR DISORDERS			
Europe			
	Number of subjects with events	16	12
	Number of subjects censored	54	57
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.48(0.21, 1.07)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.0.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
VASCULAR DISORDERS			
Australia			
	Number of subjects with events	2	0
	Number of subjects censored	5	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events which were observed with 5% or more subjects in either or both of treatment arms regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any G3/4/5 TEAE)			
Male			
	Number of subjects with events	48	51
	Number of subjects censored	59	56
	Median time to events (95% CI)	6.13(3.93, -)	10.80(8.40,20.63)
	Hazard ratio (95% CI)		0.68(0.45, 1.03)
	P-value based on log-rank test		0.0030
	Interaction test p-value		0.2523

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any G3/4/5 TEAE)			
Female			
	Number of subjects with events	38	30
	Number of subjects censored	41	47
	Median time to events (95% CI)	3.70(2.23, -)	-
	Hazard ratio (95% CI)		0.54(0.33, 0.88)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Male			
	Number of subjects with events	9	2
	Number of subjects censored	98	105
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.11(0.02, 0.68)
	P-value based on log-rank test		0.0001
	Interaction test p-value		0.6445

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.

Table 12.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Female			
	Number of subjects with events	10	1
	Number of subjects censored	69	76
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.07(0.01, 0.57)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
Male			
	Number of subjects with events	6	0
	Number of subjects censored	101	107
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9999

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.

Table 12.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
Female			
	Number of subjects with events	7	0
	Number of subjects censored	72	77
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Male			
	Number of subjects with events	7	4
	Number of subjects censored	100	103
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.29(0.08, 1.05)
	P-value based on log-rank test		0.0003
	Interaction test p-value		0.9884

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Female			
	Number of subjects with events	10	0
	Number of subjects censored	69	77
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
Male			
	Number of subjects with events	2	1
	Number of subjects censored	105	106
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.28(0.02, 3.38)
	P-value based on log-rank test		0.0058
	Interaction test p-value		0.9914

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
Female			
	Number of subjects with events	7	0
	Number of subjects censored	72	77
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.

Table 12.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Male			
	Number of subjects with events	10	4
	Number of subjects censored	97	103
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.28(0.09, 0.92)
	P-value based on log-rank test		0.0127
	Interaction test p-value		0.6660

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Female			
	Number of subjects with events	7	4
	Number of subjects censored	72	73
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.47(0.13, 1.64)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.

Table 12.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
Male			
	Number of subjects with events	7	2
	Number of subjects censored	100	105
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.21(0.04, 1.04)
	P-value based on log-rank test		0.0132
	Interaction test p-value		0.9235

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.1
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
Female			
	Number of subjects with events	4	1
	Number of subjects censored	75	76
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.19(0.02, 1.79)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any G3/4/5 TEAE)			
<65 Years			
	Number of subjects with events	36	41
	Number of subjects censored	53	58
	Median time to events (95% CI)	10.27(3.93, -)	19.63(8.40,20.63)
	Hazard ratio (95% CI)		0.74(0.47, 1.17)
	P-value based on log-rank test		0.0030
	Interaction test p-value		0.2313

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any G3/4/5 TEAE)			
>=65 Years			
	Number of subjects with events	50	40
	Number of subjects censored	47	45
	Median time to events (95% CI)	3.77(1.93,21.97)	10.80(6.10,37.07)
	Hazard ratio (95% CI)		0.55(0.36, 0.86)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
<65 Years			
	Number of subjects with events	6	1
	Number of subjects censored	83	98
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.13(0.02, 1.07)
	P-value based on log-rank test		0.0001
	Interaction test p-value		0.9723

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
>=65 Years			
	Number of subjects with events	13	2
	Number of subjects censored	84	83
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.08(0.02, 0.42)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
<65 Years			
	Number of subjects with events	4	0
	Number of subjects censored	85	99
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9998

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
>=65 Years			
	Number of subjects with events	9	0
	Number of subjects censored	88	85
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
<65 Years			
	Number of subjects with events	5	3
	Number of subjects censored	84	96
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.37(0.08, 1.66)
	P-value based on log-rank test		0.0003
	Interaction test p-value		0.1700

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
>=65 Years			
	Number of subjects with events	12	1
	Number of subjects censored	85	84
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.07(0.01, 0.59)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
<65 Years			
	Number of subjects with events	2	1
	Number of subjects censored	87	98
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.26(0.02, 3.04)
	P-value based on log-rank test		0.0058
	Interaction test p-value		0.9926

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
>=65 Years			
	Number of subjects with events	7	0
	Number of subjects censored	90	85
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
<65 Years			
	Number of subjects with events	6	5
	Number of subjects censored	83	94
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.57(0.17, 1.87)
	P-value based on log-rank test		0.0127
	Interaction test p-value		0.3109

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
>=65 Years			
	Number of subjects with events	11	3
	Number of subjects censored	86	82
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.23(0.06, 0.83)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
<65 Years			
	Number of subjects with events	4	2
	Number of subjects censored	85	97
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.37(0.07, 2.07)
	P-value based on log-rank test		0.0132
	Interaction test p-value		0.4306

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.2
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
>=65 Years			
	Number of subjects with events	7	1
	Number of subjects censored	90	84
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.11(0.01, 0.94)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any G3/4/5 TEAE)			
Mycosis Fungoides (MF)			
	Number of subjects with events	44	43
	Number of subjects censored	55	62
	Median time to events (95% CI)	10.27(3.53, -)	19.63(8.73, -)
	Hazard ratio (95% CI)		0.70(0.46, 1.07)
	P-value based on log-rank test		0.0030
	Interaction test p-value		0.5200

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any G3/4/5 TEAE)			
Sezary Syndrome (SS)			
	Number of subjects with events	42	38
	Number of subjects censored	45	41
	Median time to events (95% CI)	4.63(2.53, -)	11.93(6.63,37.07)
	Hazard ratio (95% CI)		0.54(0.34, 0.86)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Mycosis Fungoides (MF)			
	Number of subjects with events	6	1
	Number of subjects censored	93	104
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.13(0.01, 1.07)
	P-value based on log-rank test		0.0001
	Interaction test p-value		0.9503

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Sezary Syndrome (SS)			
	Number of subjects with events	13	2
	Number of subjects censored	74	77
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.11(0.02, 0.49)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
Mycosis Fungoides (MF)			
	Number of subjects with events	4	0
	Number of subjects censored	95	105
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9997

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
Sezary Syndrome (SS)			
	Number of subjects with events	9	0
	Number of subjects censored	78	79
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Mycosis Fungoides (MF)			
	Number of subjects with events	8	2
	Number of subjects censored	91	103
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.21(0.04, 0.99)
	P-value based on log-rank test		0.0003
	Interaction test p-value		0.8808

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Sezary Syndrome (SS)			
	Number of subjects with events	9	2
	Number of subjects censored	78	77
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.11(0.02, 0.57)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
Mycosis Fungoides (MF)			
	Number of subjects with events	4	1
	Number of subjects censored	95	104
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.21(0.02, 1.92)
	P-value based on log-rank test		0.0058
	Interaction test p-value		0.9925

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
Sezary Syndrome (SS)			
	Number of subjects with events	5	0
	Number of subjects censored	82	79
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Mycosis Fungoides (MF)			
	Number of subjects with events	10	4
	Number of subjects censored	89	101
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.32(0.10, 1.02)
	P-value based on log-rank test		0.0127
	Interaction test p-value		0.7286

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Sezary Syndrome (SS)			
	Number of subjects with events	7	4
	Number of subjects censored	80	75
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.36(0.10, 1.32)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
Mycosis Fungoides (MF)			
	Number of subjects with events	6	2
	Number of subjects censored	93	103
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.27(0.05, 1.34)
	P-value based on log-rank test		0.0132
	Interaction test p-value		0.7127

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.3
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
Sezary Syndrome (SS)			
	Number of subjects with events	5	1
	Number of subjects censored	82	78
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.14(0.02, 1.25)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any G3/4/5 TEAE)			
IB/II			
	Number of subjects with events	33	24
	Number of subjects censored	39	44
	Median time to events (95% CI)	10.27(2.33, -)	19.93(19.93, -)
	Hazard ratio (95% CI)		0.58(0.34, 1.00)
	P-value based on log-rank test		0.0030
	Interaction test p-value		0.5688

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any G3/4/5 TEAE) III/IV			
	Number of subjects with events	53	57
	Number of subjects censored	61	59
	Median time to events (95% CI)	4.63(2.97, -)	10.80(6.50,29.77)
	Hazard ratio (95% CI)		0.64(0.43, 0.94)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
IB/II			
	Number of subjects with events	4	0
	Number of subjects censored	68	68
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		0.0001
	Interaction test p-value		0.9906

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS III/IV			
	Number of subjects with events	15	3
	Number of subjects censored	99	113
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.14(0.04, 0.50)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
IB/II			
	Number of subjects with events	3	0
	Number of subjects censored	69	68
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9998

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
III/IV			
	Number of subjects with events	10	0
	Number of subjects censored	104	116
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
IB/II			
	Number of subjects with events	8	2
	Number of subjects censored	64	66
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.21(0.04, 0.99)
	P-value based on log-rank test		0.0003
	Interaction test p-value		0.8014

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
III/IV			
	Number of subjects with events	9	2
	Number of subjects censored	105	114
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.11(0.02, 0.57)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
IB/II			
	Number of subjects with events	4	1
	Number of subjects censored	68	67
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.21(0.02, 1.92)
	P-value based on log-rank test		0.0058
	Interaction test p-value		0.9938

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
III/IV			
	Number of subjects with events	5	0
	Number of subjects censored	109	116
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
IB/II			
	Number of subjects with events	8	4
	Number of subjects censored	64	64
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.45(0.13, 1.50)
	P-value based on log-rank test		0.0127
	Interaction test p-value		0.7355

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
III/IV			
	Number of subjects with events	9	4
	Number of subjects censored	105	112
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.25(0.07, 0.86)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
IB/II			
	Number of subjects with events	4	2
	Number of subjects censored	68	66
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.53(0.10, 2.91)
	P-value based on log-rank test		0.0132
	Interaction test p-value		0.3312

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.4
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
III/IV			
	Number of subjects with events	7	1
	Number of subjects censored	107	115
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.09(0.01, 0.71)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
(Any G3/4/5 TEAE) Yes			
	Number of subjects with events	59	61
	Number of subjects censored	63	60
	Median time to events (95% CI)	4.27(2.53, -)	10.80(6.50,29.77)
	Hazard ratio (95% CI)		0.67(0.46, 0.97)
	P-value based on log-rank test		0.0025
	Interaction test p-value		0.6174

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
(Any G3/4/5 TEAE)			
No			
	Number of subjects with events	27	20
	Number of subjects censored	35	43
	Median time to events (95% CI)	10.27(2.43, -)	19.93(19.93,20.63)
	Hazard ratio (95% CI)		0.56(0.31, 1.01)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Yes			
	Number of subjects with events	15	3
	Number of subjects censored	107	118
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.12(0.03, 0.44)
	P-value based on log-rank test		0.0001
	Interaction test p-value		0.9910

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
No			
	Number of subjects with events	4	0
	Number of subjects censored	58	63
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
Yes			
	Number of subjects with events	11	0
	Number of subjects censored	111	121
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		<.0001
	Interaction test p-value		0.9996

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
No			
	Number of subjects with events	2	0
	Number of subjects censored	60	63
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Yes			
	Number of subjects with events	13	3
	Number of subjects censored	109	118
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.12(0.03, 0.46)
	P-value based on log-rank test		0.0003
	Interaction test p-value		0.7767

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
No			
	Number of subjects with events	4	1
	Number of subjects censored	58	62
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.23(0.03, 2.08)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
Yes			
	Number of subjects with events	7	0
	Number of subjects censored	115	121
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		0.0058
	Interaction test p-value		0.9933

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
No			
	Number of subjects with events	2	1
	Number of subjects censored	60	62
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.45(0.04, 5.06)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Yes			
	Number of subjects with events	10	4
	Number of subjects censored	112	117
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.27(0.08, 0.93)
	P-value based on log-rank test		0.0122
	Interaction test p-value		0.5100

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
No			
	Number of subjects with events	7	4
	Number of subjects censored	55	59
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.50(0.15, 1.75)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
Yes			
	Number of subjects with events	5	1
	Number of subjects censored	117	120
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.14(0.02, 1.23)
	P-value based on log-rank test		0.0132
	Interaction test p-value		0.5499

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.5
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
No			
	Number of subjects with events	6	2
	Number of subjects censored	56	61
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.31(0.06, 1.55)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any G3/4/5 TEAE)			
US			
	Number of subjects with events	44	46
	Number of subjects censored	59	51
	Median time to events (95% CI)	5.67(3.27, -)	10.80(6.63,19.93)
	Hazard ratio (95% CI)		0.75(0.49, 1.15)
	P-value based on log-rank test		0.0030
	Interaction test p-value		0.2421

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any G3/4/5 TEAE)			
Japan			
	Number of subjects with events	2	4
	Number of subjects censored	4	5
	Median time to events (95% CI)	-	19.63(0.70, -)
	Hazard ratio (95% CI)		0.97(0.16, 5.98)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any G3/4/5 TEAE)			
Europe			
	Number of subjects with events	34	28
	Number of subjects censored	36	41
	Median time to events (95% CI)	4.27(2.40, -)	20.63(6.10, -)
	Hazard ratio (95% CI)		0.53(0.32, 0.89)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any G3/4/5 TEAE)			
Australia			
	Number of subjects with events	6	3
	Number of subjects censored	1	6
	Median time to events (95% CI)	1.83(0.13, 8.43)	-
	Hazard ratio (95% CI)		0.20(0.04, 0.89)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
US			
	Number of subjects with events	10	3
	Number of subjects censored	93	94
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.23(0.06, 0.85)
	P-value based on log-rank test		0.0001
	Interaction test p-value		1.0000

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Japan			
	Number of subjects with events	0	0
	Number of subjects censored	6	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Europe			
	Number of subjects with events	6	0
	Number of subjects censored	64	69
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
Australia			
	Number of subjects with events	3	0
	Number of subjects censored	4	9
	Median time to events (95% CI)	8.43(0.50, 8.43)	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
US			
	Number of subjects with events	8	0
	Number of subjects censored	95	97
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		<.0001
	Interaction test p-value		1.0000

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Japan			
	Number of subjects with events	0	0
	Number of subjects censored	6	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
Europe			
	Number of subjects with events	2	0
	Number of subjects censored	68	69
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
BLOOD AND LYMPHATIC SYSTEM DISORDERS			
THROMBOCYTOPENIA			
Australia			
	Number of subjects with events	3	0
	Number of subjects censored	4	9
	Median time to events (95% CI)	8.43(0.50, 8.43)	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
US			
	Number of subjects with events	12	1
	Number of subjects censored	91	96
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.06(0.01, 0.49)
	P-value based on log-rank test		0.0003
	Interaction test p-value		0.7231

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Japan			
	Number of subjects with events	0	1
	Number of subjects censored	6	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		8.84E7(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Europe			
	Number of subjects with events	3	1
	Number of subjects censored	67	68
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.21(0.02, 2.24)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
Australia			
	Number of subjects with events	2	1
	Number of subjects censored	5	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
US			
	Number of subjects with events	7	0
	Number of subjects censored	96	97
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)
	P-value based on log-rank test		0.0058
	Interaction test p-value		1.0000

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Japan			
	Number of subjects with events	0	0
	Number of subjects censored	6	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
Europe			
	Number of subjects with events	1	0
	Number of subjects censored	69	69
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GASTROINTESTINAL DISORDERS			
DIARRHOEA			
Australia			
	Number of subjects with events	1	1
	Number of subjects censored	6	8
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.00(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
US			
	Number of subjects with events	11	4
	Number of subjects censored	92	93
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.29(0.09, 0.92)
	P-value based on log-rank test		0.0127
	Interaction test p-value		0.6070

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Japan			
	Number of subjects with events	0	0
	Number of subjects censored	6	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Europe			
	Number of subjects with events	3	3
	Number of subjects censored	67	66
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.91(0.18, 4.70)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
Australia			
	Number of subjects with events	3	1
	Number of subjects censored	4	8
	Median time to events (95% CI)	3.70(0.43, -)	-
	Hazard ratio (95% CI)		0.14(0.01, 1.59)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
US			
	Number of subjects with events	9	2
	Number of subjects censored	94	95
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.19(0.04, 0.90)
	P-value based on log-rank test		0.0132
	Interaction test p-value		0.9969

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Japan			
	Number of subjects with events	0	0
	Number of subjects censored	6	9
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
Europe			
	Number of subjects with events	0	0
	Number of subjects censored	70	69
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		(,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.1.6
Summary of Time to Grade 3/4/5 Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS			
FATIGUE			
Australia			
	Number of subjects with events	2	1
	Number of subjects censored	5	8
	Median time to events (95% CI)	3.70(1.83, -)	-
	Hazard ratio (95% CI)		0.23(0.02, 3.05)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All Grade 3/4/5 treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.2.1
Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any Serious TEAE)			
Male			
	Number of subjects with events	23	41
	Number of subjects censored	84	66
	Median time to events (95% CI)	21.97(8.77, -)	20.63(11.70, -)
	Hazard ratio (95% CI)		1.06(0.62, 1.81)
	P-value based on log-rank test		0.9519
	Interaction test p-value		0.4969

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All serious treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.

Table 12.2.1
Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Sex
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any Serious TEAE)			
Female			
	Number of subjects with events	24	32
	Number of subjects censored	55	45
	Median time to events (95% CI)	-	15.20(8.93, -)
	Hazard ratio (95% CI)		0.97(0.57, 1.66)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All serious treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.

Table 12.2.2
Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any Serious TEAE)			
<65 Years			
	Number of subjects with events	19	35
	Number of subjects censored	70	64
	Median time to events (95% CI)	-	20.63(11.50, -)
	Hazard ratio (95% CI)		1.33(0.75, 2.35)
	P-value based on log-rank test		0.9519
	Interaction test p-value		0.2699

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All serious treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.

Table 12.2.2
Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Age Group
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any Serious TEAE)			
>=65 Years			
	Number of subjects with events	28	38
	Number of subjects censored	69	47
	Median time to events (95% CI)	13.83(5.83, -)	15.20(8.93,37.07)
	Hazard ratio (95% CI)		0.75(0.44, 1.28)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All serious treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.

Table 12.2.3
Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any Serious TEAE)			
Mycosis Fungoides (MF)			
	Number of subjects with events	24	33
	Number of subjects censored	75	72
	Median time to events (95% CI)	-	20.63(11.70, -)
	Hazard ratio (95% CI)		0.98(0.58, 1.67)
	P-value based on log-rank test		0.9519
	Interaction test p-value		0.8508

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All serious treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.2.3
Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Disease Type
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any Serious TEAE)			
Sezary Syndrome (SS)			
	Number of subjects with events	23	40
	Number of subjects censored	64	39
	Median time to events (95% CI)	13.83(8.17, -)	19.90(8.93,29.77)
	Hazard ratio (95% CI)		1.05(0.61, 1.81)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All serious treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.2.4
Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any Serious TEAE)			
IB/II			
	Number of subjects with events	16	17
	Number of subjects censored	56	51
	Median time to events (95% CI)	-	20.63(19.93, -)
	Hazard ratio (95% CI)		0.91(0.45, 1.82)
	P-value based on log-rank test		0.9519
	Interaction test p-value		0.6174

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All serious treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.

Table 12.2.4
Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Clinical Stage
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any Serious TEAE)			
III/IV			
	Number of subjects with events	31	56
	Number of subjects censored	83	60
	Median time to events (95% CI)	13.83(8.17, -)	15.20(8.93,29.77)
	Hazard ratio (95% CI)		1.08(0.68, 1.70)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All serious treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.

Table 12.2.5
Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
(Any Serious TEAE)			
Yes			
	Number of subjects with events	36	56
	Number of subjects censored	86	65
	Median time to events (95% CI)	13.83(5.83, -)	19.90(10.13,37.07)
	Hazard ratio (95% CI)		0.94(0.61, 1.46)
	P-value based on log-rank test		0.9753
	Interaction test p-value		0.3965

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All serious treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.2.5
Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Blood Involvement
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
(Any Serious TEAE)			
No			
	Number of subjects with events	11	17
	Number of subjects censored	51	46
	Median time to events (95% CI)	-	19.93(11.70, -)
	Hazard ratio (95% CI)		1.47(0.67, 3.22)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All serious treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.2.6
Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any Serious TEAE)			
US			
	Number of subjects with events	22	34
	Number of subjects censored	81	63
	Median time to events (95% CI)	-	19.93(10.80, -)
	Hazard ratio (95% CI)		0.96(0.56, 1.66)
	P-value based on log-rank test		0.9519
	Interaction test p-value		0.6596

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All serious treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.2.6
Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any Serious TEAE)			
Japan			
	Number of subjects with events	0	3
	Number of subjects censored	6	6
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		5.06E7(0.00,)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All serious treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.

Table 12.2.6
Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any Serious TEAE)			
Europe			
	Number of subjects with events	20	31
	Number of subjects censored	50	38
	Median time to events (95% CI)	21.97(8.27, -)	24.73(7.33,37.17)
	Hazard ratio (95% CI)		1.06(0.59, 1.91)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All serious treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.

Table 12.2.6
Summary of Time to Serious Treatment-Emergent Adverse Event (TEAE)
during Randomized Treatment Period by Region
Safety Analysis Set

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any Serious TEAE)			
Australia			
	Number of subjects with events	5	5
	Number of subjects censored	2	4
	Median time to events (95% CI)	0.87(0.13, -)	10.13(0.80,15.20)
	Hazard ratio (95% CI)		0.34(0.08, 1.41)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All serious treatment-emergent adverse events which were observed with 10 or more subjects in the total population regardless of subgroup during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2) 90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.3.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Treatment Discontinuation during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE leading to treatment discontinuation)			
Male			
	Number of subjects with events	24	22
	Number of subjects censored	83	85
	Median time to events (95% CI)	-	61.10(22.93,61.10)
	Hazard ratio (95% CI)		0.44(0.24, 0.83)
	P-value based on log-rank test		0.0021
	Interaction test p-value		0.7215

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events leading to treatment discontinuation which were observed with 10 or more subjects in either or both of treatment arms during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2)
90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.3.1
Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Treatment Discontinuation during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Gender

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE leading to treatment discontinuation)			
Female			
	Number of subjects with events	20	18
	Number of subjects censored	59	59
	Median time to events (95% CI)	-	53.50(28.03, -)
	Hazard ratio (95% CI)		0.56(0.29, 1.09)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events leading to treatment discontinuation which were observed with 10 or more subjects in either or both of treatment arms during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2)
90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.3.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Treatment Discontinuation during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE leading to treatment discontinuation)			
<65 Years			
	Number of subjects with events	18	16
	Number of subjects censored	71	83
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.47(0.24, 0.95)
	P-value based on log-rank test		0.0021
	Interaction test p-value		0.7892

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events leading to treatment discontinuation which were observed with 10 or more subjects in either or both of treatment arms during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2)
90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.3.2
Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Treatment Discontinuation during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Age Group

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE leading to treatment discontinuation)			
>=65 Years			
	Number of subjects with events	26	24
	Number of subjects censored	71	61
	Median time to events (95% CI)	22.90(8.43, -)	53.50(16.37,61.10)
	Hazard ratio (95% CI)		0.50(0.27, 0.91)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events leading to treatment discontinuation which were observed with 10 or more subjects in either or both of treatment arms during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2)
90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.3.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Treatment Discontinuation during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE leading to treatment discontinuation)			
Mycosis Fungoides (MF)			
	Number of subjects with events	21	20
	Number of subjects censored	78	85
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.62(0.33, 1.15)
	P-value based on log-rank test		0.0021
	Interaction test p-value		0.3661

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events leading to treatment discontinuation which were observed with 10 or more subjects in either or both of treatment arms during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2)
90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
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Table 12.3.3
Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Treatment Discontinuation during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Disease Type

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE leading to treatment discontinuation)			
Sezary Syndrome (SS)			
	Number of subjects with events	23	20
	Number of subjects censored	64	59
	Median time to events (95% CI)	-	53.50(20.13,61.10)
	Hazard ratio (95% CI)		0.35(0.18, 0.70)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events leading to treatment discontinuation which were observed with 10 or more subjects in either or both of treatment arms during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2)
90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t2-aept-disc-distype.sasAPR2020 18:14

Table 12.3.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Treatment Discontinuation during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE leading to treatment discontinuation)			
IB/II			
	Number of subjects with events	16	10
	Number of subjects censored	56	58
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.44(0.20, 0.99)
	P-value based on log-rank test		0.0021
	Interaction test p-value		0.8102

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events leading to treatment discontinuation which were observed with 10 or more subjects in either or both of treatment arms during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2)
90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t2-aept-disc-stage.sas23APR2020 18:14

Table 12.3.4
Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Treatment Discontinuation during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Clinical Stage

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE leading to treatment discontinuation)			
III/IV			
	Number of subjects with events	28	30
	Number of subjects censored	86	86
	Median time to events (95% CI)	-	53.50(22.93,61.10)
	Hazard ratio (95% CI)		0.50(0.29, 0.86)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events leading to treatment discontinuation which were observed with 10 or more subjects in either or both of treatment arms during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2)
90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t2-aept-disc-stage.sas23APR2020 18:14

Table 12.3.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Treatment Discontinuation during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
(Any TEAE leading to treatment discontinuation) Yes			
	Number of subjects with events	28	30
	Number of subjects censored	94	91
	Median time to events (95% CI)	-	53.50(28.03,61.10)
	Hazard ratio (95% CI)		0.49(0.28, 0.85)
	P-value based on log-rank test		0.0019
	Interaction test p-value		0.9562

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events leading to treatment discontinuation which were observed with 10 or more subjects in either or both of treatment arms during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2)
90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t2-aept-disc-bloodinv.sasPR2020 18:14

Table 12.3.5
Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Treatment Discontinuation during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Blood Involvement

System Organ Class Preferred Term	Statistics	Vorinostat (N = 184)	KW-0761 (N = 184)
(Any TEAE leading to treatment discontinuation)			
No			
	Number of subjects with events	16	10
	Number of subjects censored	46	53
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.50(0.23, 1.13)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events leading to treatment discontinuation which were observed with 10 or more subjects in either or both of treatment arms during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2)
90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t2-aept-disc-bloodinv.sasPR2020 18:14

Table 12.3.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Treatment Discontinuation during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE leading to treatment discontinuation)			
US			
	Number of subjects with events	24	23
	Number of subjects censored	79	74
	Median time to events (95% CI)	-	53.50(18.70,61.10)
	Hazard ratio (95% CI)		0.54(0.30, 0.99)
	P-value based on log-rank test		0.0021
	Interaction test p-value		0.5321

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events leading to treatment discontinuation which were observed with 10 or more subjects in either or both of treatment arms during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2)
90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t2-aept-disc-region.sas3APR2020 18:14

Table 12.3.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Treatment Discontinuation during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE leading to treatment discontinuation)			
Japan			
	Number of subjects with events	1	2
	Number of subjects censored	5	7
	Median time to events (95% CI)	11.83(-)	-
	Hazard ratio (95% CI)		1.37(0.11, 16.50)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events leading to treatment discontinuation which were observed with 10 or more subjects in either or both of treatment arms during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2)
90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t2-aept-disc-region.sas3APR2020 18:14

Table 12.3.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Treatment Discontinuation during Randomized Treatment Period by Subgroup
Safety Analysis Set

Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE leading to treatment discontinuation)			
Europe			
	Number of subjects with events	14	12
	Number of subjects censored	56	57
	Median time to events (95% CI)	-	-
	Hazard ratio (95% CI)		0.50(0.23, 1.13)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events leading to treatment discontinuation which were observed with 10 or more subjects in either or both of treatment arms during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2)
90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t2-aept-disc-region.sas3APR2020 18:14

Table 12.3.6
Summary of Time to Treatment-Emergent Adverse Event (TEAE) Leading to Treatment Discontinuation during Randomized Treatment Period by Subgroup
Safety Analysis Set

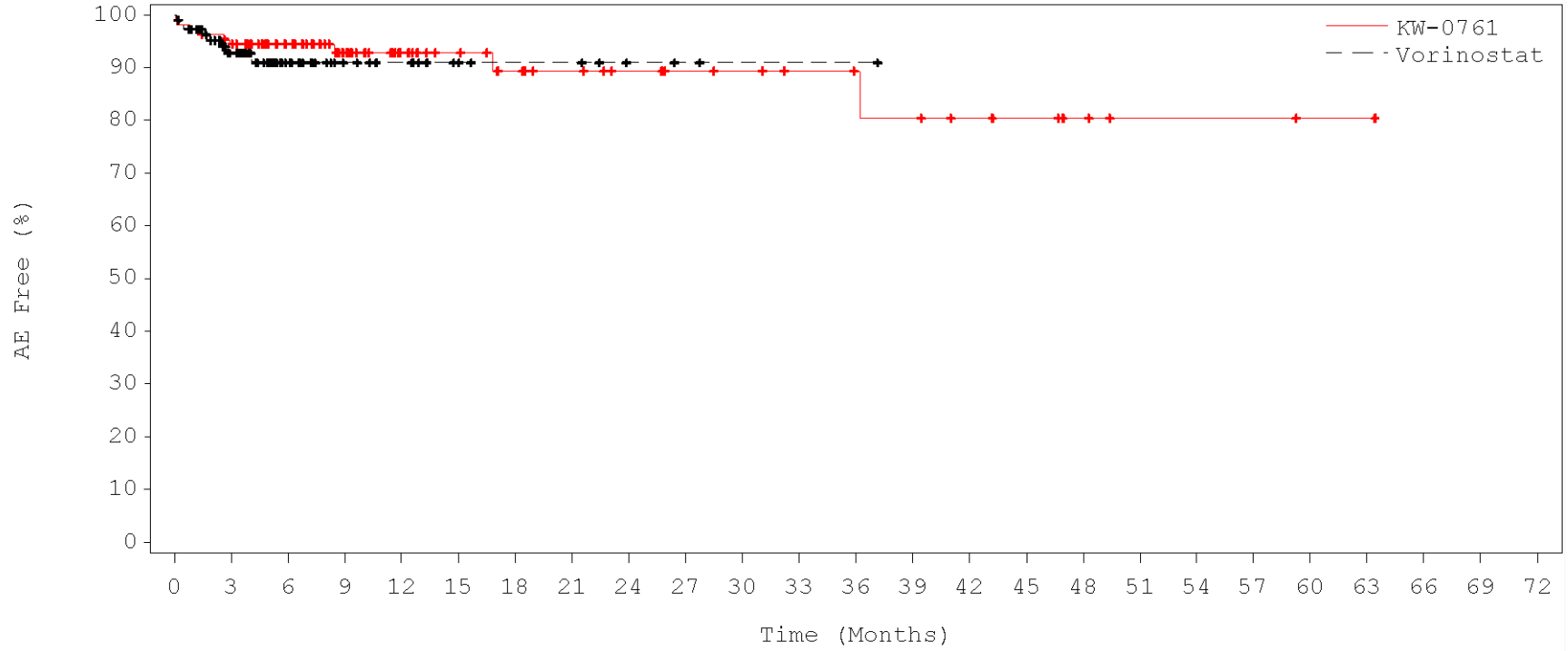
Subgroup: Region

System Organ Class Preferred Term	Statistics	Vorinostat (N = 186)	KW-0761 (N = 184)
(Any TEAE leading to treatment discontinuation)			
Australia			
	Number of subjects with events	5	3
	Number of subjects censored	2	6
	Median time to events (95% CI)	1.83(0.43, 8.43)	22.93(2.63, -)
	Hazard ratio (95% CI)		0.07(0.01, 0.68)

Based on data cut on 02-MAR-2019; MedDRA ver. 15.1
All treatment-emergent adverse events leading to treatment discontinuation which were observed with 10 or more subjects in either or both of treatment arms during the randomized treatment period.
Time to adverse event is defined as the duration in month (30 days) from the date of first randomized treatment to the date of first adverse event. For subjects who did not experience the adverse event, they are censored at the earliest date of 1) death; 2)
90 days after the last dose of randomized treatment; and 3) new anti-cancer therapy. For subjects crossed-over from vorinostat, KW-0761 is regarded as new anti-cancer therapy.
Log-rank p-value is calculated for treatment comparison based on total population.
Interaction test p-value is based on Cox regression model with treatment, disease type, disease stage, region, subgroup variable, and interaction of treatment by subgroup as fixed effects.
Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\t2-aept-disc-region.sas3APR2020 18:14

Figure 12.0.1 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
GASTROINTESTINAL DISORDERS - VOMITING
Safety Subjects

Gender: Male



No. at Risk:

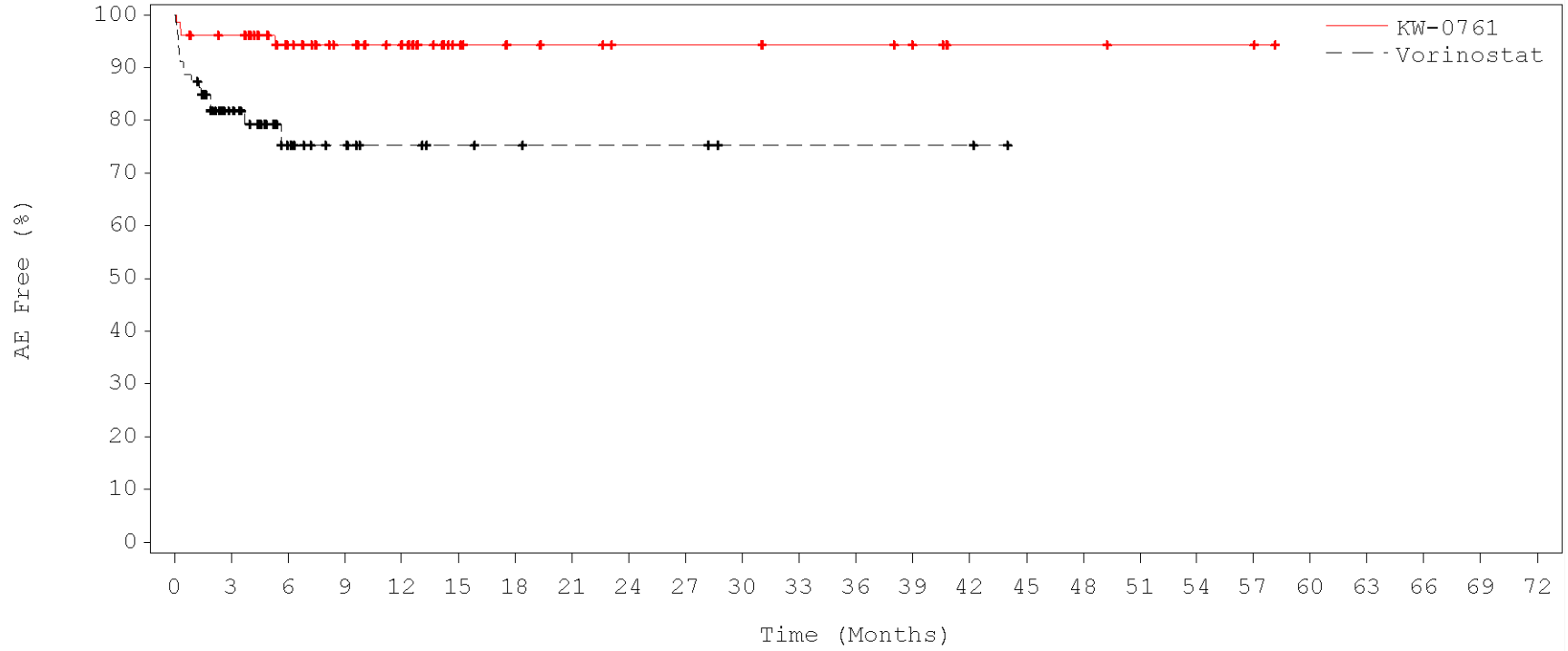
KW:	107	99	72	53	35	29	24	19	16	14	13	11	10	9	7	6	4	2	2	2	1	1	0	0	0
VOR:	107	68	31	16	13	8	6	6	3	2	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct-subg.sas 07APR2020 7:48

Figure 12.0.1 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
GASTROINTESTINAL DISORDERS - VOMITING
Safety Subjects

Gender: Female



No. at Risk:

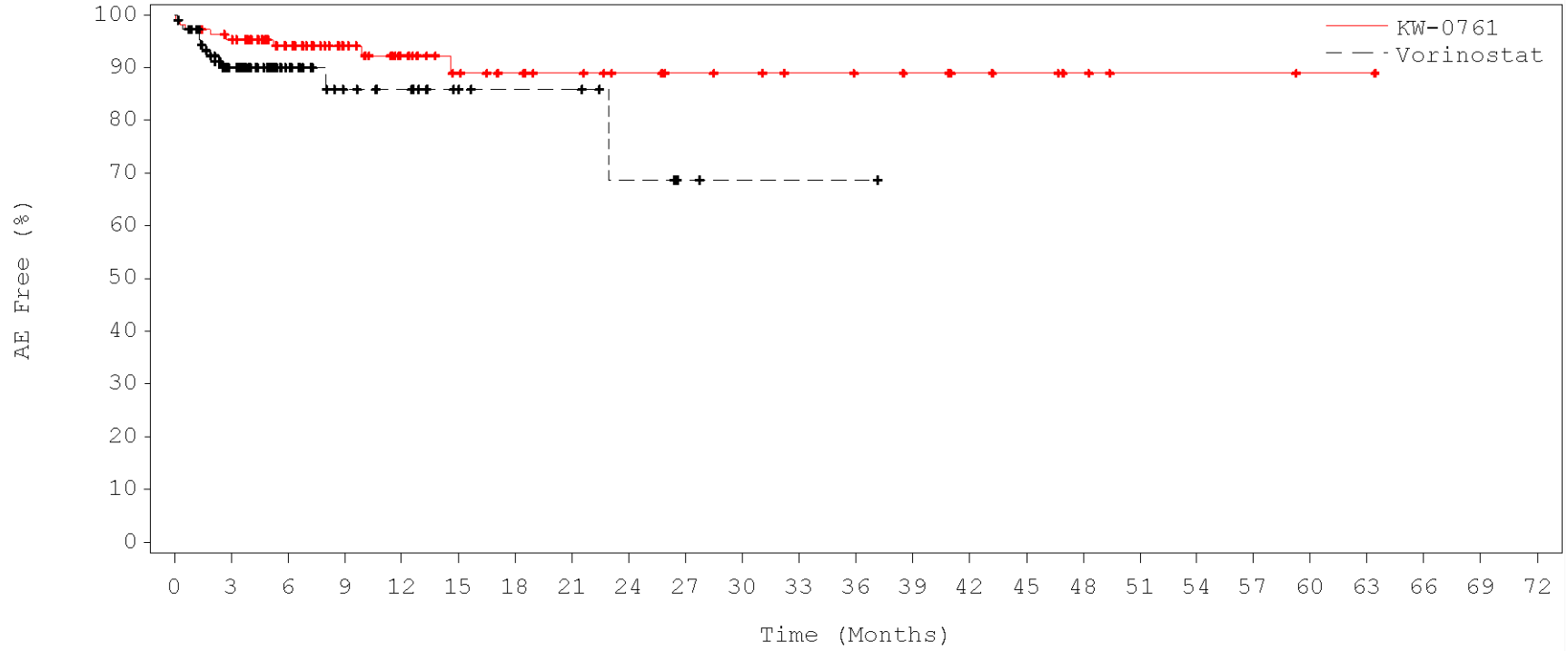
KW:	77	72	42	33	28	15	11	10	8	8	8	7	7	6	3	3	3	2	2	2	0	0	0	0	0
VOR:	79	36	17	11	8	6	5	4	4	4	2	2	2	2	2	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct-subg.sas 07APR2020 7:48

Figure 12.0.1 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS - ASTHENIA
Safety Subjects

Gender: Male



No. at Risk:

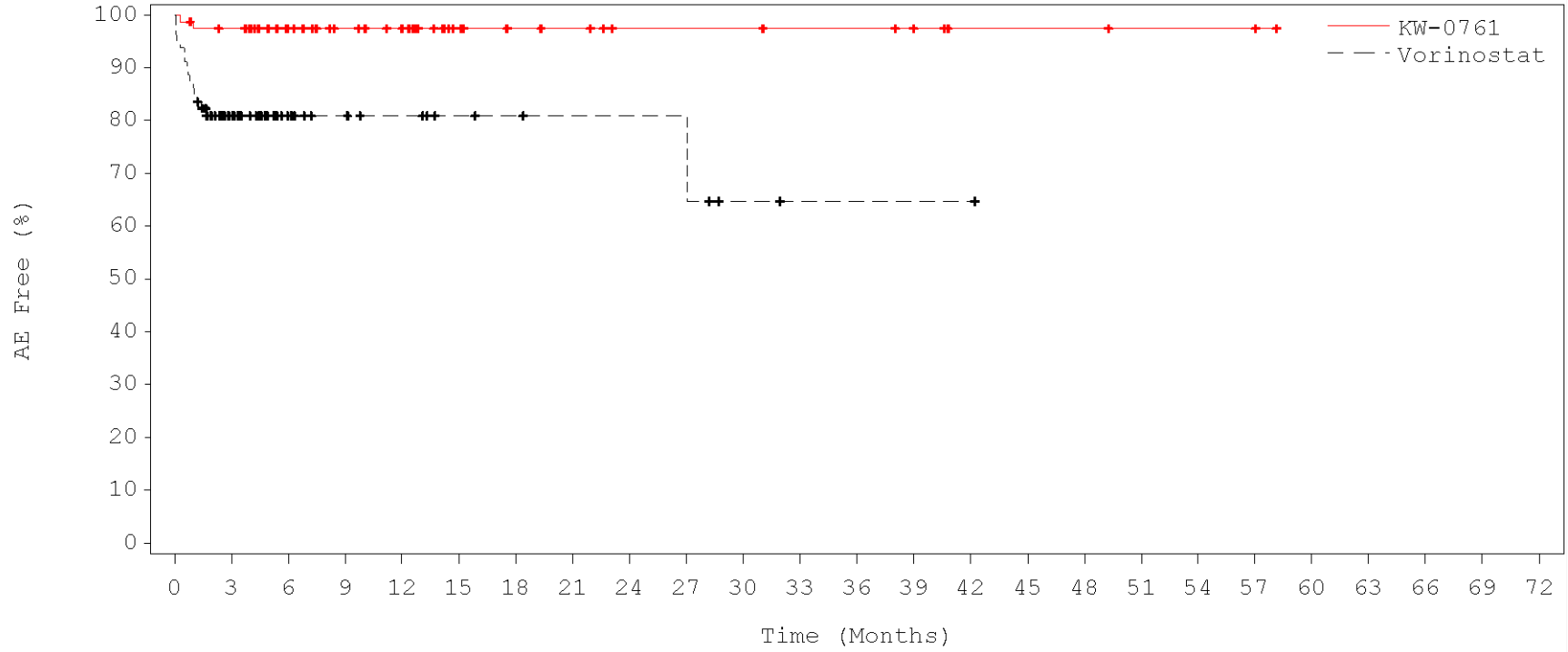
KW:	107	100	70	51	35	26	22	19	16	14	13	11	10	9	7	6	4	2	2	2	1	1	0	0	0
VOR:	107	67	32	17	14	9	7	7	4	2	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct-subg.sas 07APR2020 7:48

Figure 12.0.1 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
GENERAL DISORDERS AND ADMINISTRATION SITE CONDITIONS - ASTHENIA
Safety Subjects

Gender: Female



No. at Risk:

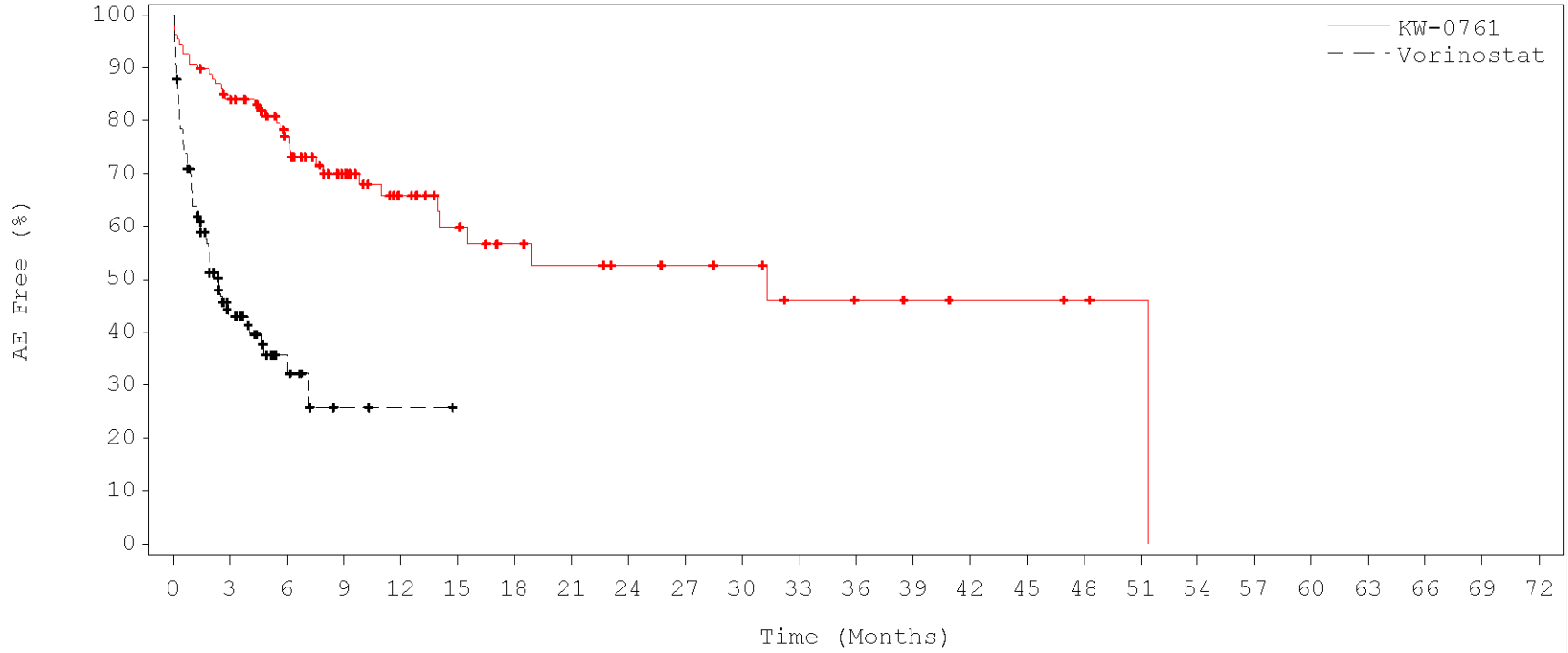
KW:	77	73	42	33	29	16	12	11	8	8	8	7	7	6	3	3	3	2	2	2	0	0	0	0	0
VOR:	79	38	17	12	10	7	6	5	5	5	2	1	1	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct-subg.sas 07APR2020 7:48

Figure 12.0.1 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
NERVOUS SYSTEM DISORDERS
Safety Subjects

Gender: Male



No. at Risk:

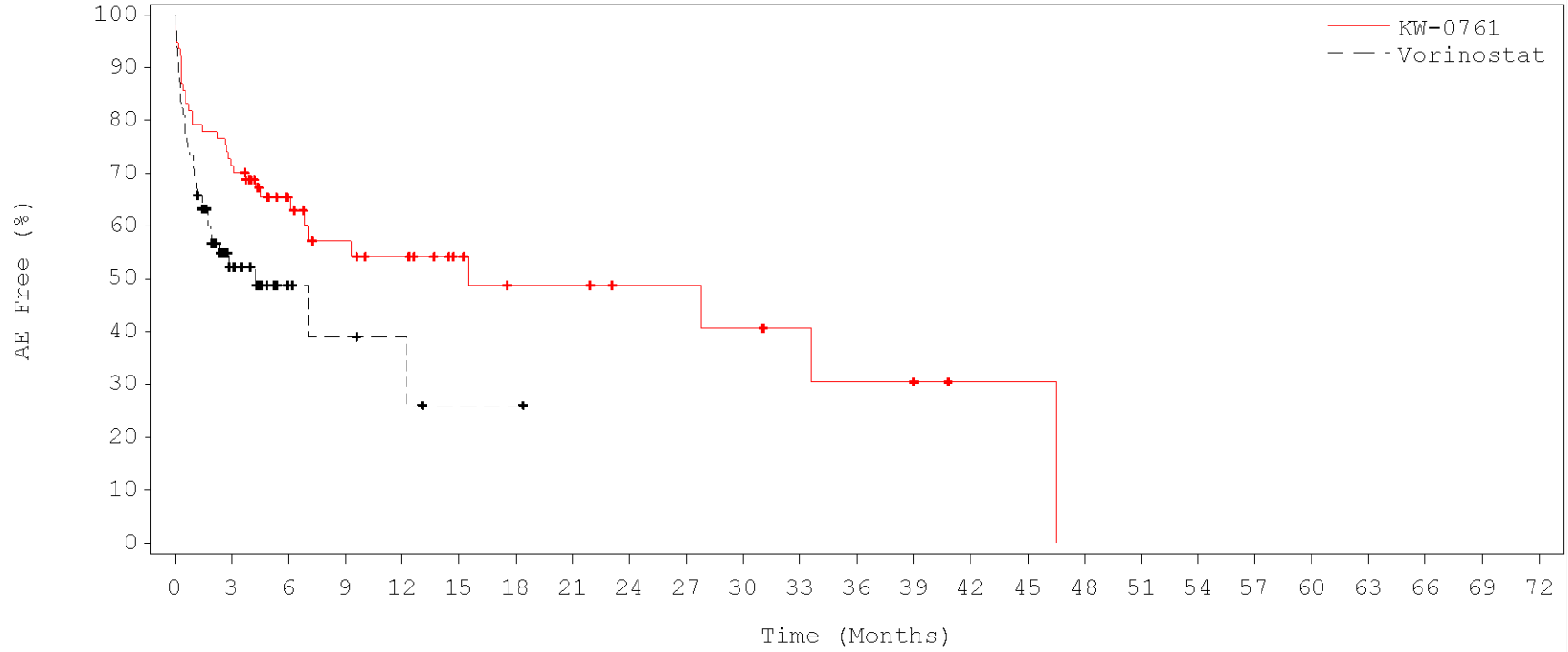
KW:	107	88	58	39	26	20	15	13	11	10	9	6	5	4	3	3	2	1	0	0	0	0	0	0
VOR:	107	32	9	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct-subg.sas 07APR2020 7:48

Figure 12.0.1 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
NERVOUS SYSTEM DISORDERS
Safety Subjects

Gender: Female



No. at Risk:

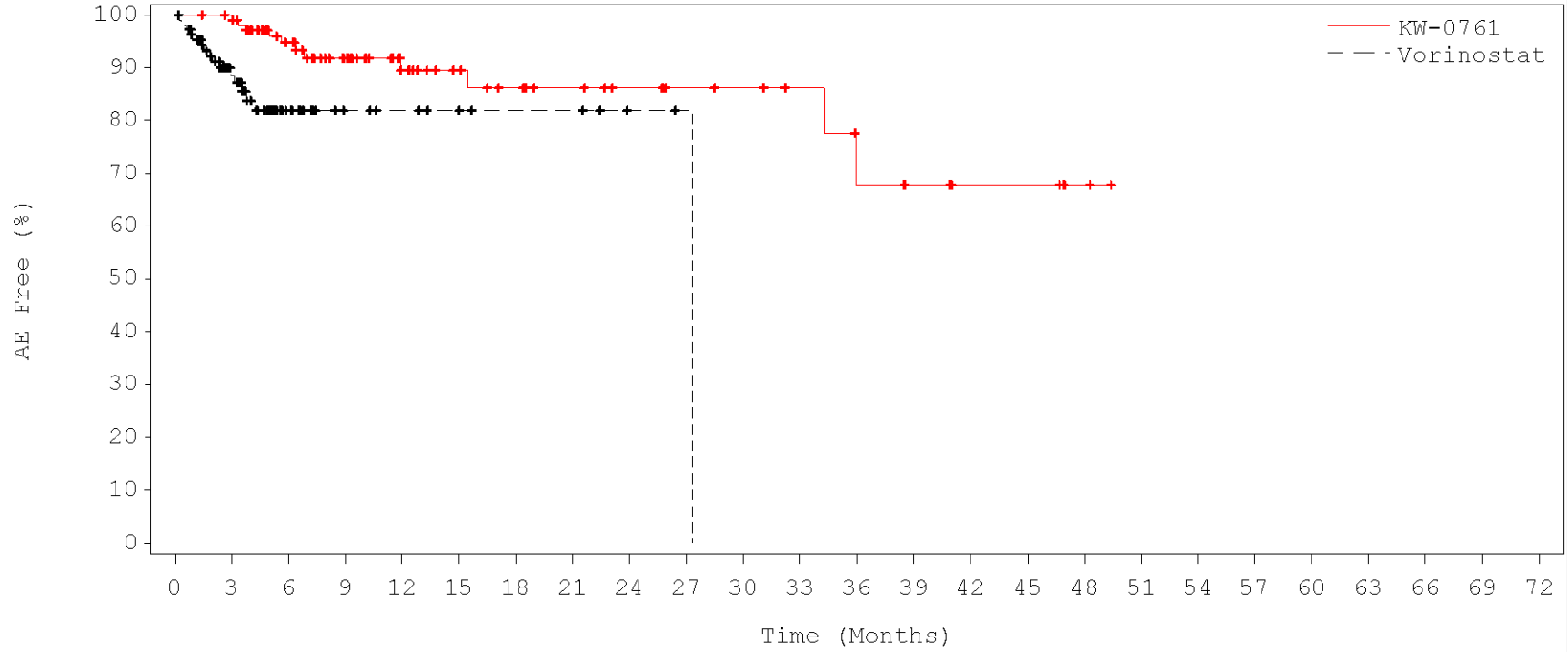
KW:	77	55	26	19	16	11	8	8	6	6	5	4	3	3	1	1	0	0	0	0	0	0	0	0	0
VOR:	79	19	6	4	3	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct-subg.sas 07APR2020 7:48

Figure 12.0.1 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
SKIN AND SUBCUTANEOUS TISSUE DISORDERS - ALOPECIA
Safety Subjects

Gender: Male



No. at Risk:

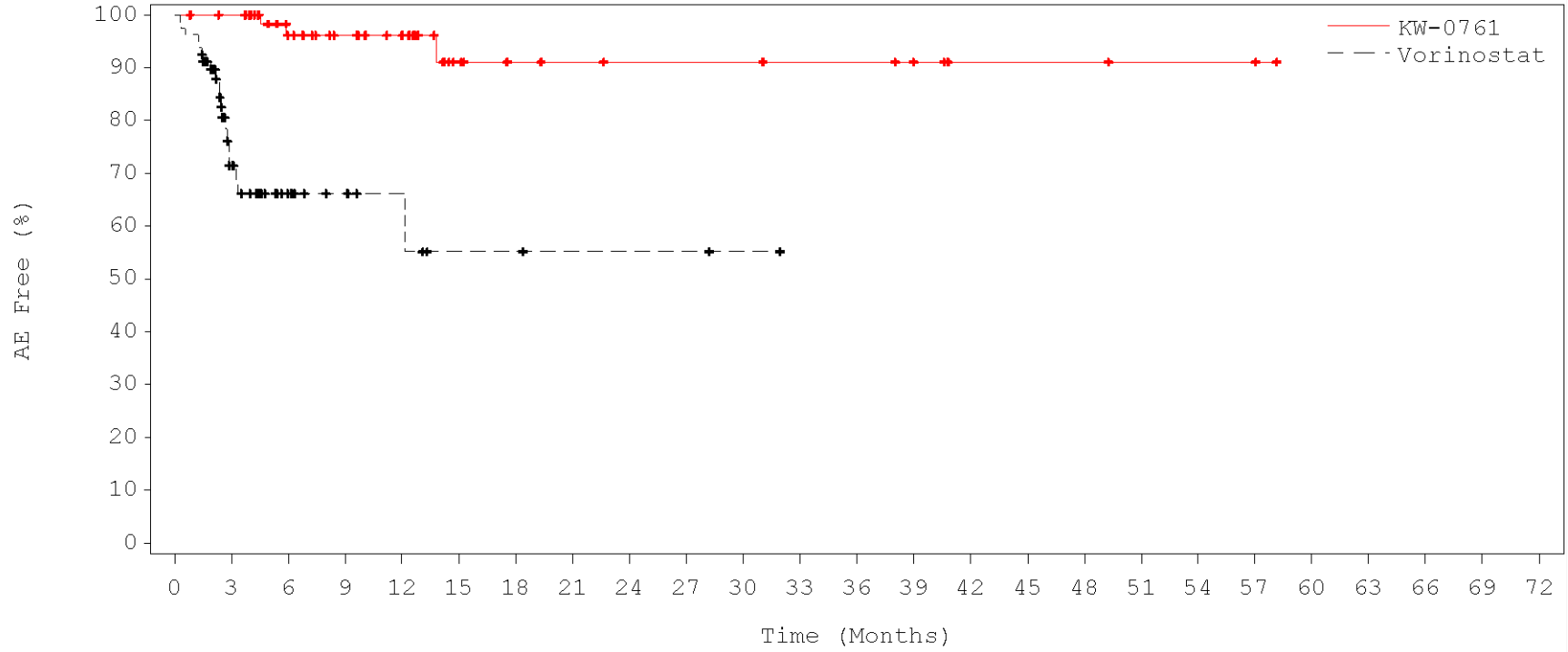
KW:	107	105	71	53	36	28	23	18	15	13	12	10	7	6	4	4	2	0	0	0	0	0	0	0
VOR:	107	63	23	11	9	7	5	5	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct-subg.sas 07APR2020 7:48

Figure 12.0.1 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
SKIN AND SUBCUTANEOUS TISSUE DISORDERS - ALOPECIA
Safety Subjects

Gender: Female



No. at Risk:

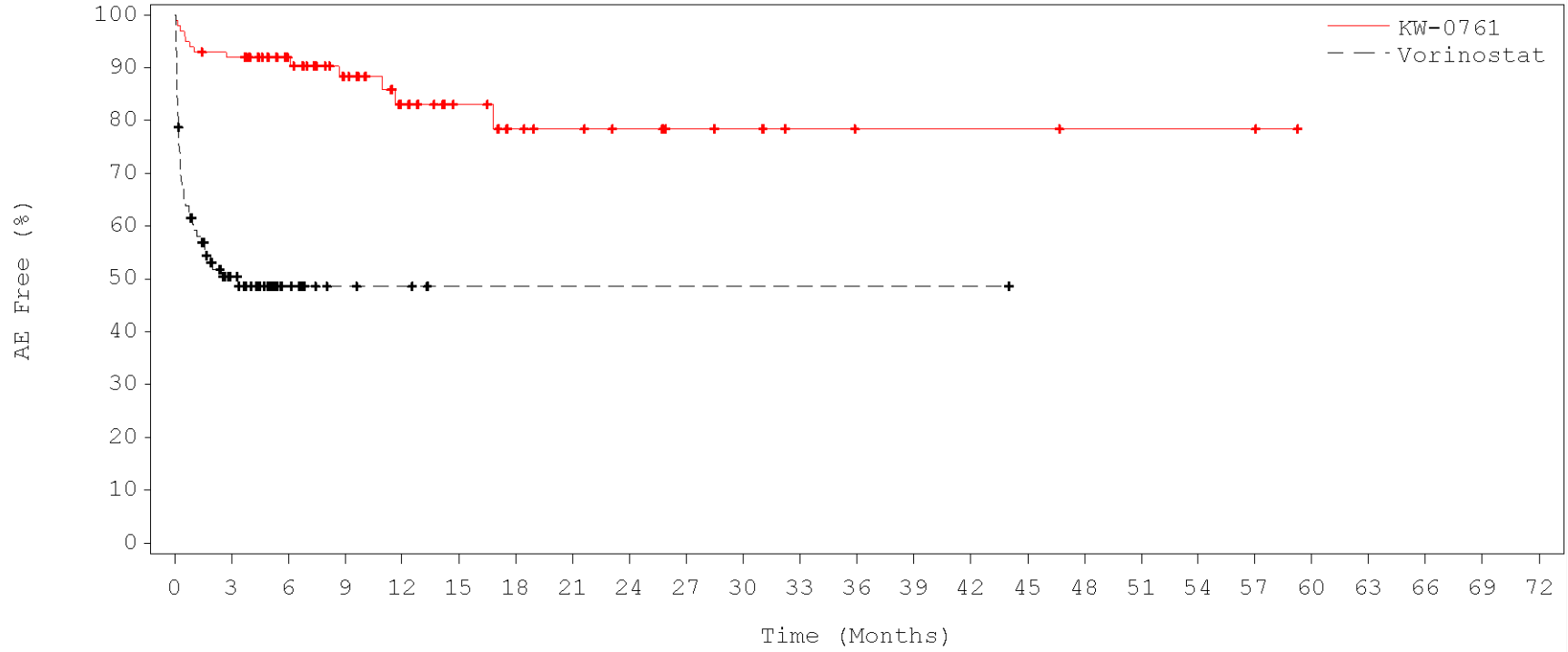
KW:	77	75	42	34	29	14	10	9	8	8	8	7	7	6	3	3	3	2	2	2	0	0	0	0	0
VOR:	79	30	13	8	6	3	3	2	2	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct-subg.sas 07APR2020 7:48

Figure 12.0.2 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
GASTROINTESTINAL DISORDERS - NAUSEA
Safety Subjects

Age Group: <65 Years



No. at Risk:

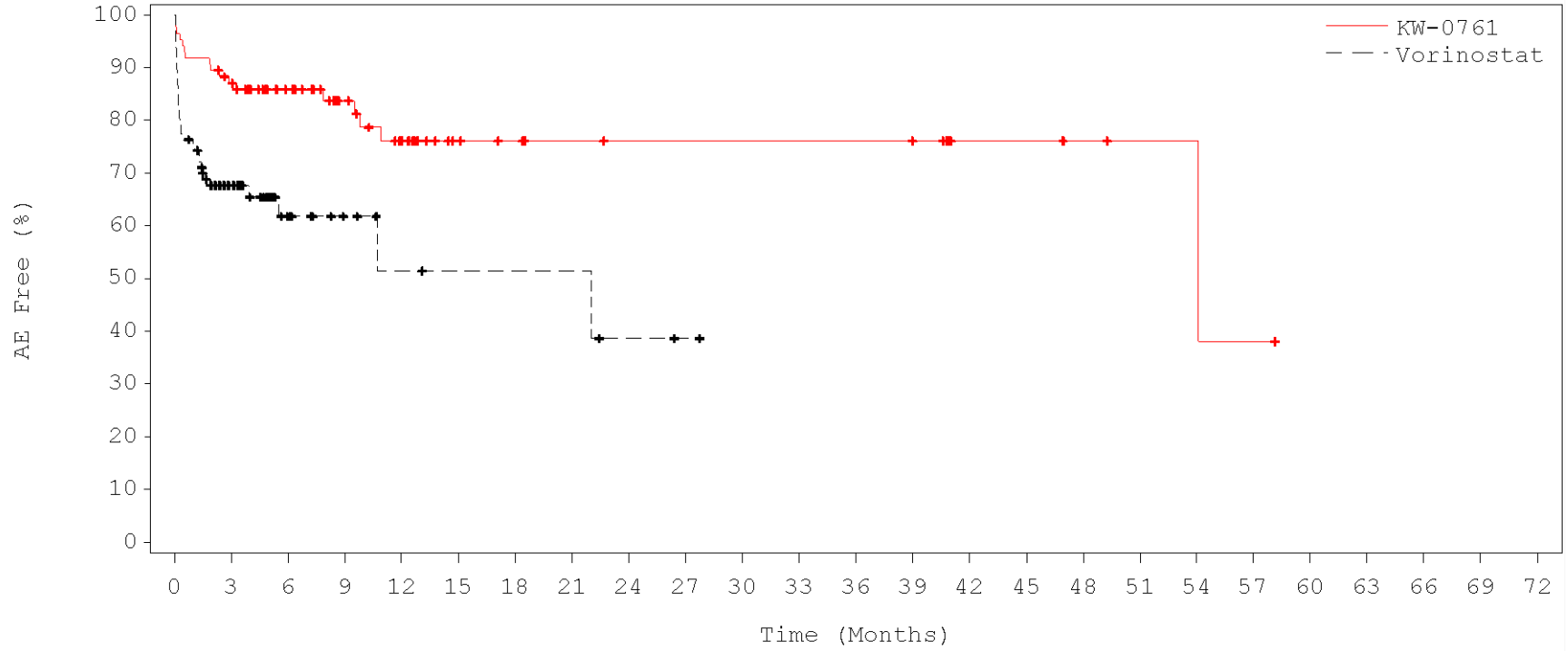
KW:	99	90	58	42	28	19	14	12	9	7	6	4	3	3	3	3	2	2	2	2	0	0	0	0	0
VOR:	89	30	12	4	3	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct-subg.sas 07APR2020 7:48

Figure 12.0.2 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
GASTROINTESTINAL DISORDERS - NAUSEA
Safety Subjects

Age Group: >=65 Years



No. at Risk:

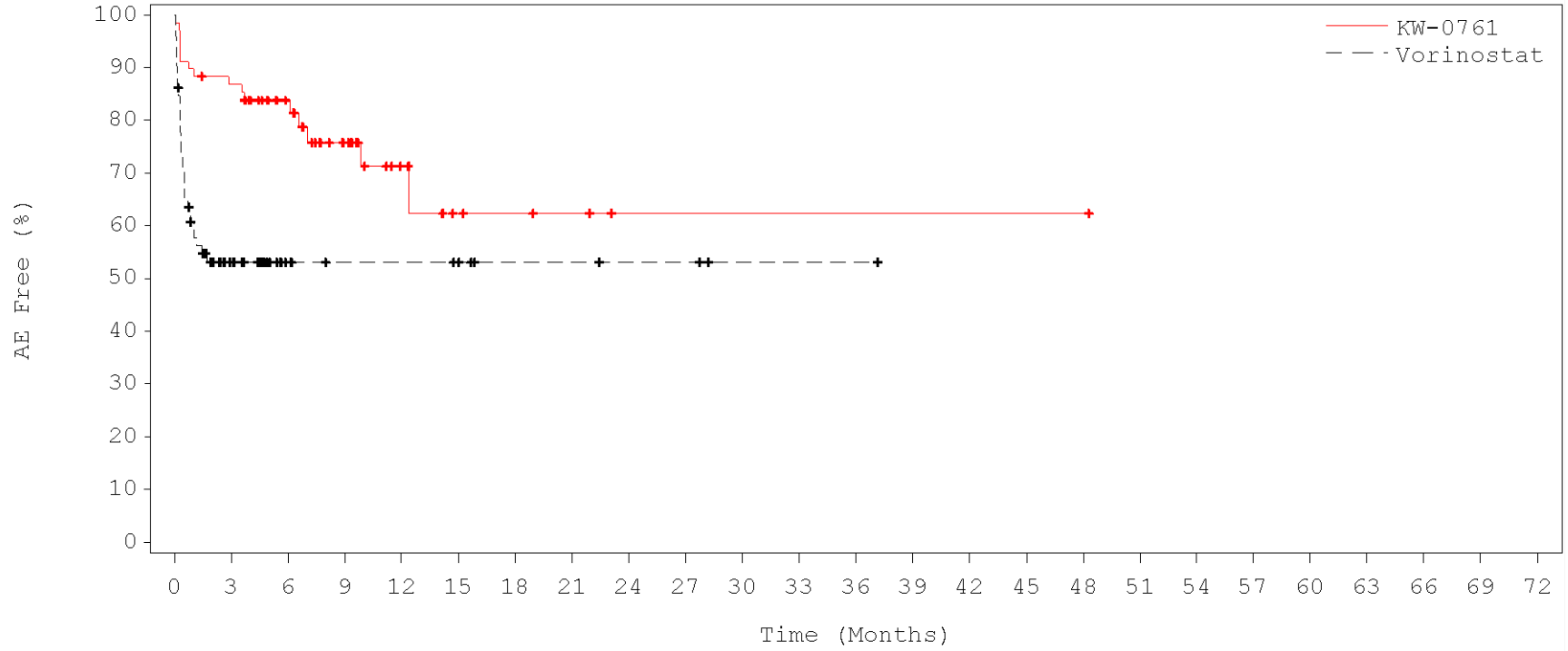
KW:	85	72	47	35	27	16	13	10	9	9	9	9	9	9	4	4	3	2	2	1	0	0	0	0	0
VOR:	97	39	15	8	5	4	4	4	2	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct-subg.sas 07APR2020 7:48

Figure 12.0.4 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
METABOLISM AND NUTRITION DISORDERS
Safety Subjects

Clinical Stage: IB/II



No. at Risk:

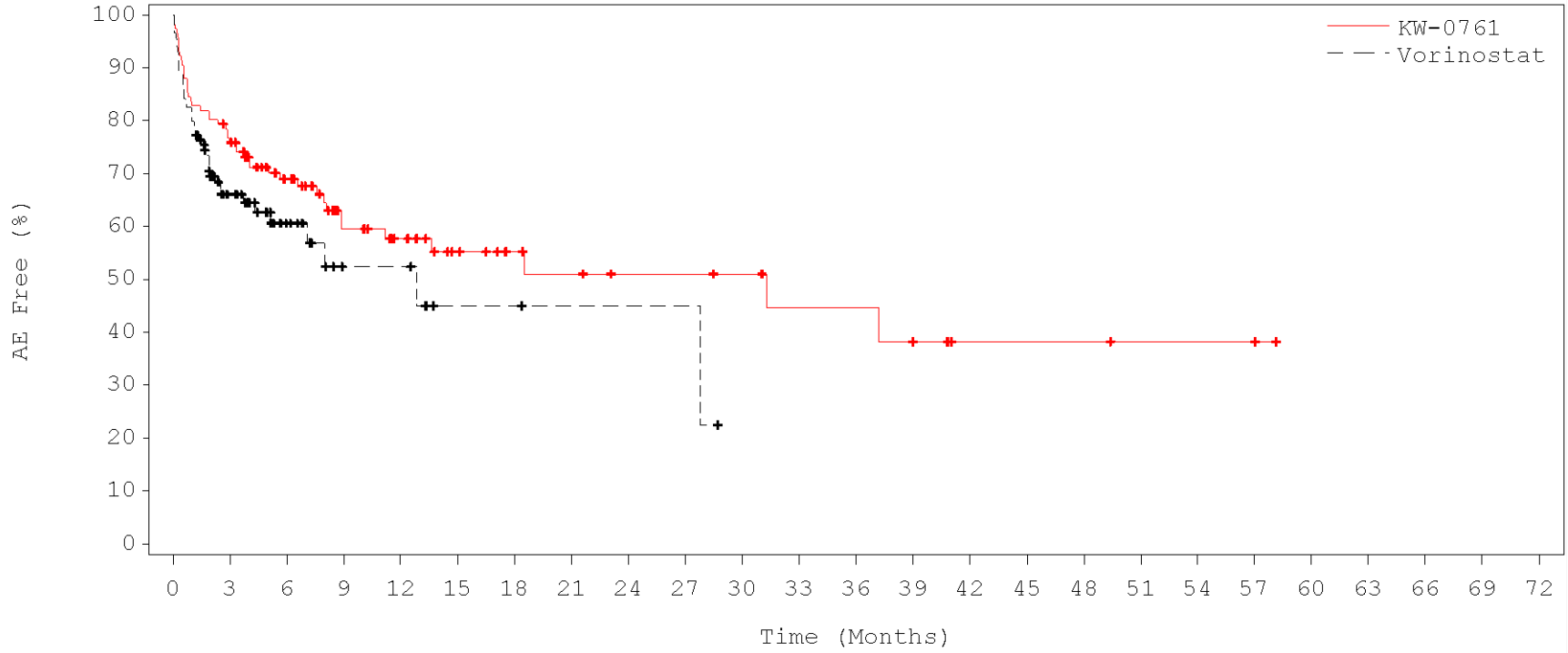
KW:	68	58	34	21	10	5	4	3	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0
VOR:	72	26	11	8	8	7	4	4	3	3	1	1	1	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct-subg.sas 07APR2020 7:48

Figure 12.0.4 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
METABOLISM AND NUTRITION DISORDERS
Safety Subjects

Clinical Stage: III/IV



No. at Risk:

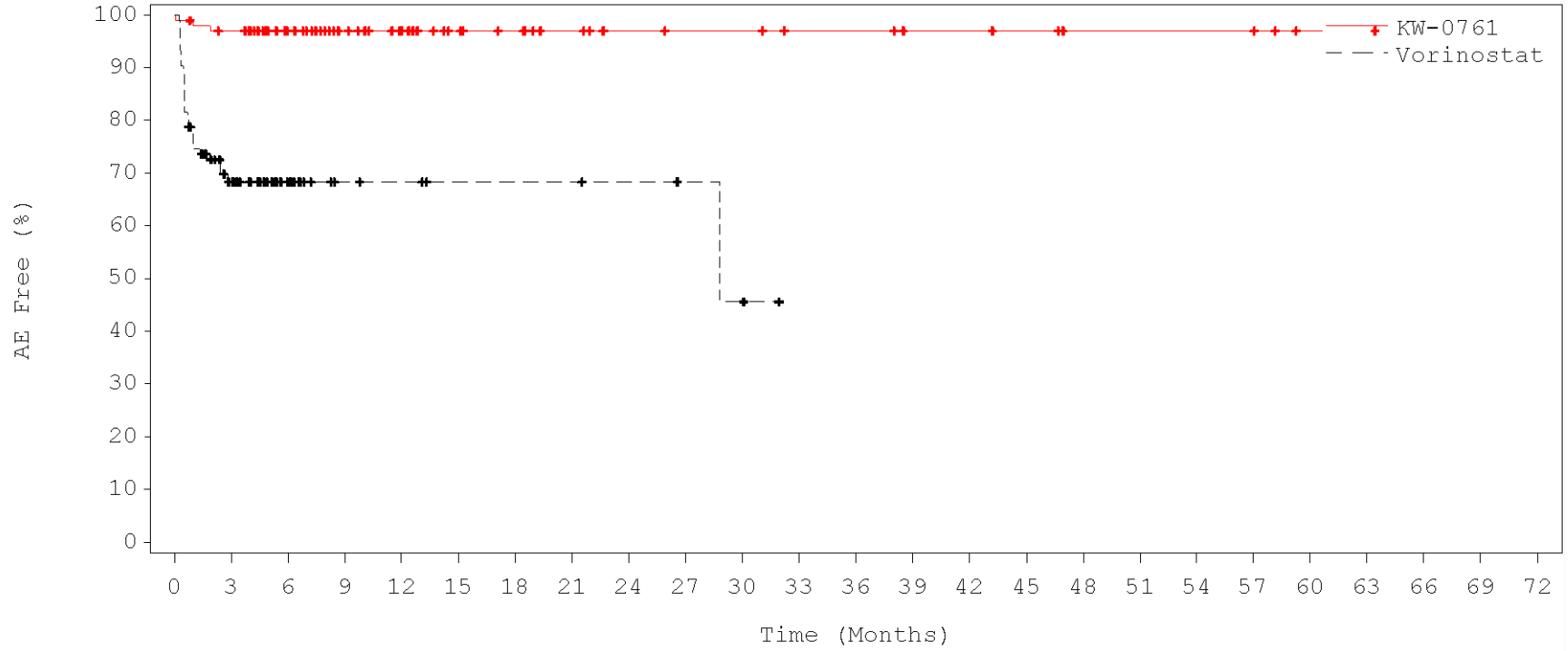
KW:	116	87	55	34	28	20	15	12	10	10	9	7	7	6	3	3	3	2	2	2	0	0	0	0	0
VOR:	114	47	20	8	8	3	3	2	2	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct-subg.sas 07APR2020 7:48

Figure 12.0.6 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
INVESTIGATIONS - BLOOD CREATININE INCREASED
Safety Subjects

Region: US



No. at Risk:

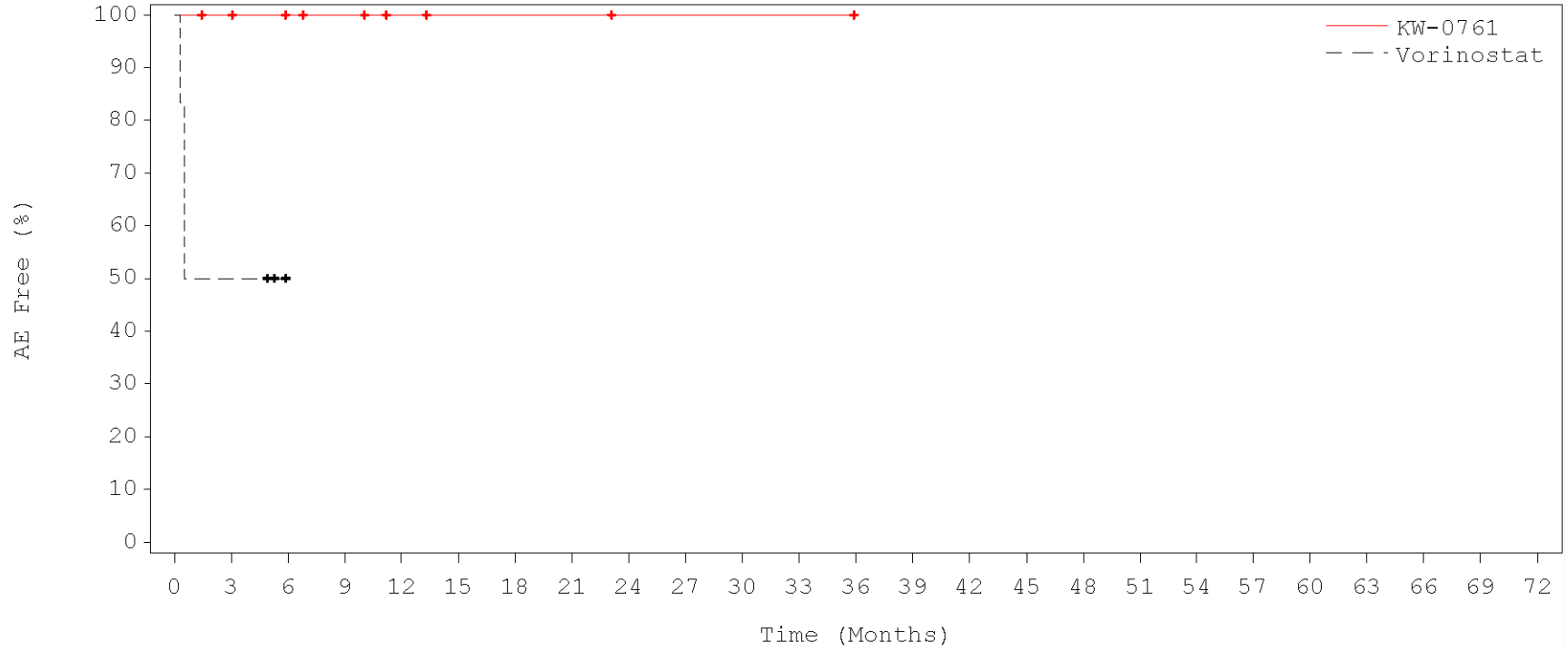
KW:	97	92	60	44	35	24	20	16	12	11	11	9	9	7	7	6	4	4	4	4	1	1	0	0	0
VOR:	103	43	19	8	7	5	5	5	4	3	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct-subg.sas 07APR2020 7:48

Figure 12.0.6 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
INVESTIGATIONS - BLOOD CREATININE INCREASED
Safety Subjects

Region: Japan



No. at Risk:

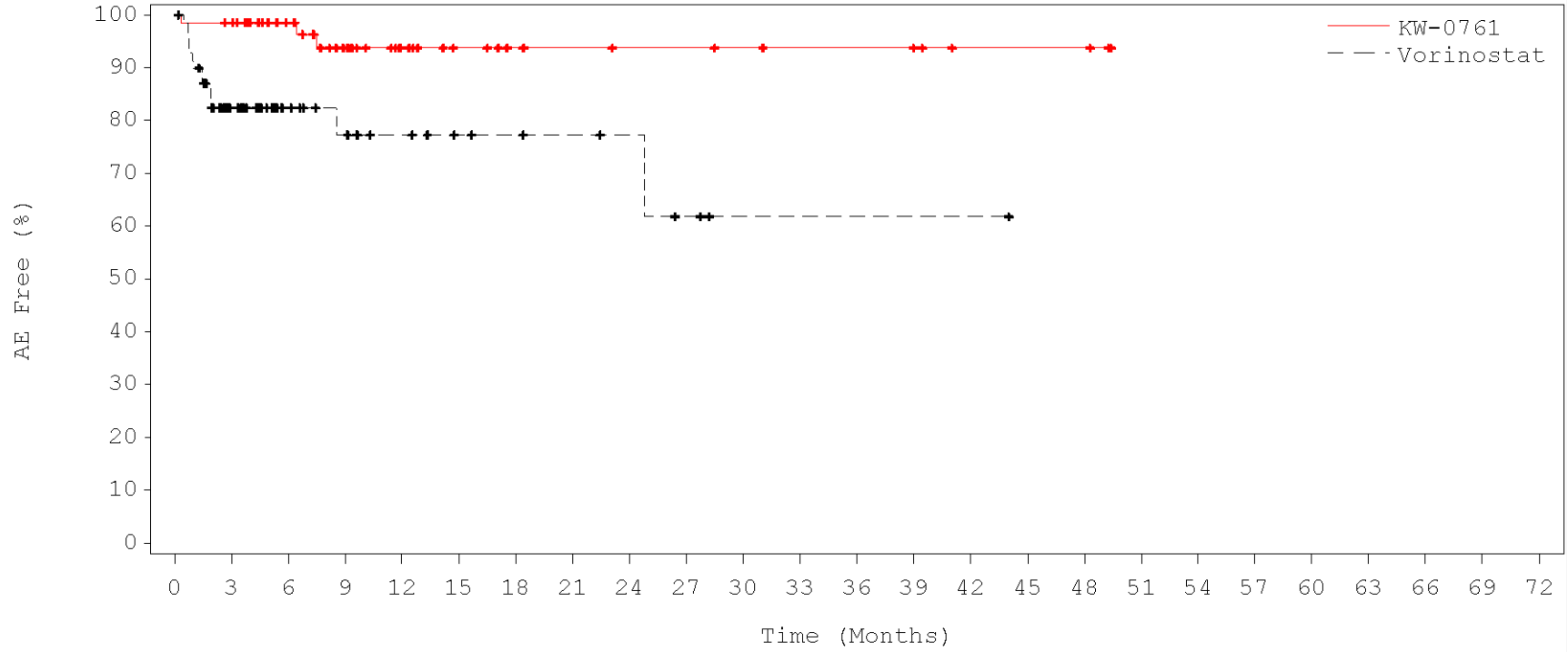
KW:	9	8	6	5	3	2	2	2	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0
VOR:	6	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct-subg.sas 07APR2020 7:48

Figure 12.0.6 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
INVESTIGATIONS - BLOOD CREATININE INCREASED
Safety Subjects

Region: Europe



No. at Risk:

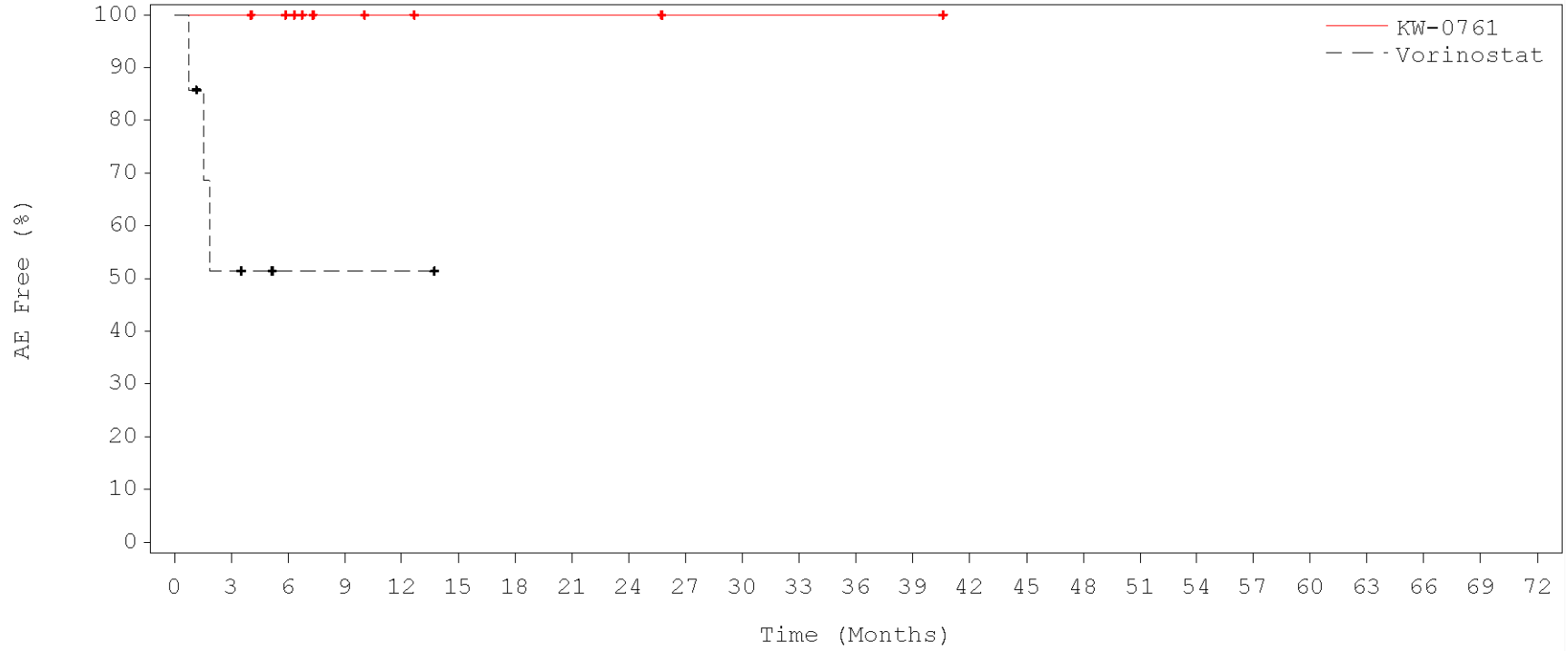
KW:	69	67	44	33	22	15	11	9	8	8	7	6	6	6	3	3	3	0	0	0	0	0	0	0	0
VOR:	70	40	20	15	11	8	7	6	5	3	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct-subg.sas 07APR2020 7:48

Figure 12.0.6 Kaplan-Meier Plot of Time to Treatment-Emergent Adverse Event (TEAE) with 5% or more in any Treatment Group during Randomized Treatment Period by Subgroup
INVESTIGATIONS - BLOOD CREATININE INCREASED
Safety Subjects

Region: Australia



No. at Risk:

KW:	9	9	7	4	3	2	2	2	2	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0
VOR:	7	3	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Note: KW = KW-0761; VOR = Vorinostat; + = censored.

Program: [Reporting Folder]\KW-0761-EMA\2020-02-15-Germany\programs\pd\f2-aept-5pct-subg.sas 07APR2020 7:48